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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

ntern	al Revenu	ue Service	<u> Information</u>	on about F	orm 990 and its in	structions is at	www.irs.	gov/form990)	Inspec	tion
<u> </u>	For the	2016 cale	ndar year, or tax year b	eginning	January 1	, 2016, a	nd ending	Decen	nber 31	, 20 16	
В	Check if	applicable	C Name of organization Ni	colas Fund	for Education				D Employe	er identification n	umber
] /	Address	change	Doing business as							45-4887611	
_	Name ch	-	Number and street (or P (O box if mail	is not delivered to st	reet address)	Room/suit	e	E Telephor	ne number	
٠,	nıtıal reti	•	9311 SE 36th Street, St	uite 202			1			206619099	
_		n/terminated	City or town, state or pro-		y, and ZIP or foreign	postal code	<u> </u>			303,	004
_	Amended		Mercer Island, WA 980						G Gross re		004
-			F Name and address of prin		Lois Levy			H(a) is this a n		subordinates? Yes	V No
- '	фриоце		71 Saddle Ridge Rd. C		-					s included? Tes	
_	Tay-aver	npt status		501(c) (4947(a)(1) or	527			list (see instruction	
	Website		olasfund.org	301(c) (/ Tinsert no /	<u> </u>	<u> </u>	H(c) Group	evemntion	number >	,
			✓ Corporation ☐ Trust [Association	on Other ▶	I Vo	ar of formation			of legal domicile	WA
	art I	Summ			on Coner P		a or torritati	2013	IN Otate	or regar dorniere	VVA
ء ي			scribe the organization	n'o micoio	n or most signific	cont activities:	Educati	on of childr	on in Con	tral America	
								on or cinius	en in Cen	uai Ailieilea	
Ĕ		Our Missi	on is to provide an edu	ication for	ine youth in our p	armer Agros v	llages.	-*			
Ë	^	Ob a ale Mai	:- ba N 🗆 :f tha anna						050/ -4		
§			is box ▶ ☐ if the orga							its net assets.	
ŏ			of voting members of								
Activities & Governance			of independent voting				-				
<u>:</u> ≩			nber of individuals em		•		-				
ੜ੍ਹੇ			nber of volunteers (est								1
ĕ∣	7a	Total unre	elated business reven	ue from P	art VIII, column (C), line 12 .			7a		
	b	Net unrel	ated business taxable	income f	om Form 990-T,	line 34	<u>.</u>		7b		
								Prior Ye	ear	Current Y	ear
	8	Contribut	tions and grants (Part	VIII, line 1.	h)				252,711		312,9
Revenue	9	Program	service revenue (Part	VIII, line 2	g)		Г				
§	10	-	nt income (Part VIII, c		•	d)	🗀		17		
Œ	11		renue (Part VIII, colum							 	
	12		enue-add lines 8 thro						252,728		313,0
\dashv	13		nd similar amounts pa		 				195,853		255,9
	14		paid to or for member						133,033		233,3
			oth<u>er co</u>mpen sation, er								
996	160		nal-fundraising fees (I								
-Expense:	Toa.	1242140	mainuliuraising rees (i	raitin, co		e,					
Χo	b _		draising expenses (Pa								
255		Other exp	penses (Partix, colum	nn (A), iine:	s 11a-11d, 11f-2	(4e)	<u>.</u> ∵ · ⊢		13,759		21,7
15			ienses. Add libes 13-						209,612		277,7
╀	19	Revenue	less expenses. Subtra	act line 18	from line 12 .	<u>· · · · · · · · · · · · · · · · · · · </u>			43,116		35,2
200		GDE	4, UT					eginning of Cu	irrent Year	End of Yo	ear
Ssep	20		ets (Part X, line 16)				· · _		176,462		211,7
~-	21	Total liab	ulities (Part X, line 26)				· · L				
FE		Net asse	ts or fund balances. S	Subtract lin	e 21 from line 20	<u> </u>	<u>,</u>		176,462		211,7
Pa	irt II	Signat	ture Block								
Und	der pena	Ities of penu	ry, I declare that I have exar	mined this re	turn, including accom	panying schedule	s and staten	nents, and to t	he best of r	ny knowledge and	d belief, i
true	e, correct	t, and compl	lete Declaration of preparer	(other than o	ffice is based on all	information of whi	ch preparer	has any know	ledge.	,	
			Cobyel X		/100						
Sig	ın	1 6	ature of other	1				Da	ite //	1/2/2	
He			Allout	4/1	MAILE				(6	9/9/20	?
		T.J.	or print name and title		- Up U =	· · · · · ·	.				
		<u> </u>	pe preparer's name		Propagar's suggestive		Dat			PTIN	
Рa	id	- Culty	ре ріерагег з патне	'	reparer's signature		Da	. c	Check	մ	
Pre	epare	r							self-em	Dioyea	 -
	e Onl	1	ame ►					Firm	n's EIN ▶		
		Firm's a	ddress ▶					Pho	one no		
Ma	y the IF	RS discus	s this return with the p	oreparer st	nown above? (se	e instructions)	<u> </u>	<u> </u>	<u> </u>	<u>□</u> Ye	s 🗌 No
For	Paperv	vork Redu	ction Act Notice, see th	he separate	instructions.		Cat No	11282Y		Form	990 (20
Ψ.							Ju. 110				

Form 99	0 (2016) Page 2
Part	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.
	Education of children in Central America
	Our mission is to provide a secondary school education for indigenous Ixil (Mayan) children who are living in the western
	highland mountains of Guatemala in villages established through Agros International.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 168,881 including grants of \$) (Revenue \$)
	Tutoring, Transportation, Uniforms, and supplies for 61 indigenous Ixil Mayan children to go to junior and senior high school. The Nicolas Fund for Education provides safe transportation for students from their village to the school in a nearby town which is approximately 40 minutes away and back home again at the end of the day. In this town of Nebaj, these students not only attend a private junior high and high school but also receive tutoring, supplies and a nutritious meal. These students live in a remote agricultural region in the highlands of Guatemala where most young people do not have an
	opportunity to receive higher education beyond the sixth grade.
4b	(Code:) (Expenses \$ 37,330 including grants of \$) (Revenue \$)
	Impact Team Trips
	Each year NFE provides three opportunities for individuals, families, and especially educators to participate on Impact Teams to
	Guatemala. Two teams each year share educational enrichment activities with the junior and senior high NFE students
	and staff, as well primary school educational enrichment activities in two small village primary schools. These
	Teams impact team members through relationships formed with students and village members. Team members also host an annual Teacher Professional Development workshop for local teachers. The workshop allows the teachers to earn attendance
	certification through Seattle Pacific University. Virtual classes have included SPU classes, teachers from the United States as well as
	as local teachers presenting information to their colleagues. The third team of the year attends the graduation of the NFE students.
	During each trip the team also visits the students and their parents in their communities to build relationships, pray for and
	encourage the families as well as address any questions or concerns about the NFE program.
4c	(Code:) (Expenses \$ 25,375 including grants of \$) (Revenue \$)
	Capital Projects With assistance from the Bellevue Presbyterian Legacy Fund and others, NFE built a science laboratory supplied with science
	equipment in accordance with Guatemalan School regulations. In addition a computer laboratory was furnished providing extensive
	opportunities for the kids to learn.
	Other program continue (Deceribe in Cahadula O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ 24,385) (Revenue \$)
	Total program service expenses ► 255,971

Form **990** (2016)

Part I	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		<u> </u>
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	1
7	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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	- 10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		√
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			t —
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
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 (see instructions)	17		1
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		1
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes." complete Schedule G. Part III	19		1

Part	Checklist of Required Schedules (continued)			
00	Did the exceptration approach and our more happital familities 2 If (Vac " acceptate Calculate	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a 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		√
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		1
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		√
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		1
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		1
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
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 contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? <i>If "Yes," complete Schedule R, Part I </i>	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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	-	1
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,			
38	Part VI	37		×

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 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	 		
٥-	reportable gaming (gambling) winnings to prize winners?	1c		} _
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	[
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		1
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		_	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			[
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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 any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	✓ _
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			١,
_	gifts were not tax deductible?	6b		/
7	Organizations that may receive deductible contributions under section 170(c).			
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	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	-	 -
•	required to file Form 8282?	7c	}	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
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			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		↓ ✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	-
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		†
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>L</u>		
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.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which	}	1	1
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	-		 _
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	├	 ✓ —
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

Part \									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.								
Section	Check if Schedule O contains a response or note to any line in this Part VI on A. Governing Body and Management		· · ·	···	V				
<u> </u>	on A. doverning body and management			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a 7							
	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.	ļ							
b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business]				
_	any other officer, director, trustee, or key employee?		2	.✓					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct								
4	supervision of officers, directors, or trustees, or key employees to a management company or other	-	3		-				
4 5	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organizati		5		1				
6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?		6		-				
7a	Did the organization have members, stockholders, or other persons who had the power to				<u> </u>				
	one or more members of the governing body?		7a		1				
b	Are any governance decisions of the organization reserved to (or subject to approva	l by) members,							
	stockholders, or persons other than the governing body?		7b		1				
8	Did the organization contemporaneously document the meetings held or written actions ur	ndertaken during							
	the year by the following:								
a	The governing body?		8a	√					
ь 9	Each committee with authority to act on behalf of the governing body?		8b	✓					
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the		ue C	ode.)	<u> </u>				
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		1				
þ	If "Yes," did the organization have written policies and procedures governing the activities of								
44	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before processes if any used by the processes if any used by the processes in School III.	-	11a	✓	 				
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	1	ļ ^j				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could great the could gr	ve rise to conflicts?	12b	▼					
c	Did the organization regularly and consistently monitor and enforce compliance with the			Ť					
	describe in Schedule O how this was done		12c	✓	<u></u>				
13	Did the organization have a written whistleblower policy?		13		1				
14	Did the organization have a written document retention and destruction policy?		14		/				
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation								
_	The organization's CEO, Executive Director, or top management official		15a		<u> </u>				
a b	Other officers or key employees of the organization		15a		 				
-	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 sim	ılar arrangement	Ì						
	with a taxable entity during the year?		16a		✓				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				1				
	participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the							
	organization's exempt status with respect to such arrangements?		16b		L				
Secti 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ WA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Section	5010	c)(3)s	only)				
. •	available for public inspection. Indicate how you made these available. Check all that apply.		,	-,,-,-					
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Sci	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume		erest	policy	, and				
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organizati	on's books and re	cords	:▶					
	Lolo Levy, 71 Saddle Ridge Rd. Cle Elum, WA 206-619-0999								

_	-
Page	

Form	aan	(201	61

	·
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
4	As Alice As In the control of the co

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 organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Average box, unless person is both an officer and a director/trustee)							(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Al Lopus, President	44	1		1	į			0	o	o
(2) Kathy Riper, Vice President	15	1		1				0	0	0
(3) Lolo Levy, Treasurer	7	1		1				0		0
(4) Rebecca Merritt, Secretary	10	1		/						0
(5) Bill Satstrom, Director	7	1								0
(6) Mary Young, Director	5	1								0
(7) Lane Lopus, Director	5	1						0		0
(8)		<u> </u>		-						<u></u>
(9)						-	-			
(10)	ļ	-		_		_				
(11)	<u> </u>		-		-		\vdash			!
(12)	 	-		-						
(13)	 			-	-					<u> </u>
(14)	 	-			-	-				

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
						C)					ł			
	(A)	(B)	(B) Position (do not check more than or			one	(D)	(E)	(F)					
	Name and title	Average hours per	Average box, unless person is both a			an	Reportable compensation	Reportable compensation fro						
		week (list any	k (list any					,	from	related				
		hours for	Individual trustee or director	Institutional trustee	Officer	€	Highest compensated employee	Former	the	organizations (W-2/1099-MISC	.		ensatio	ın
		related organizations	re d	I	ĕ	employee	loye	₽	organization (W-2/1099-MISC)	(W-2/1099-MISC	"		m the nization	า
		below dotted	or tr	mai		ş	° 8		,			and	related	I
		line)	ste	trus		8	Peg P]				organ	nization	s
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(24)											\neg		-	
		1	1			ł	ł			ł	ł			
(25)								Γ						
				İ						l				
1b	Sub-total							>	0		0			0
С	Total from continuation sheets to Part	VII, Sectio	n A					ightharpoons	<u></u>					
d	Total (add lines 1b and 1c)	<u></u>	<u> </u>	•					0		0			0
2	Total number of individuals (including bu		d to th	nose	ist e	ted .	above	e) w	ho received m	ore than \$100,	000 o	ıf		
	reportable compensation from the organ	ization ►							0					
													Yes	No
3	Did the organization list any former or	fficer, direc	tor, c	or tr	uste	ee, _,	key e	emp	oloyee, or high	iest compens	ated			<u> </u>
	employee on line 1a? If "Yes," complete										•	3	<u> </u>	✓
4	For any individual listed on line 1a, is the											-		
	organization and related organizations	greater th	an \$	150,	,000	17 1	r "Ye	s, "	complete Scr	nedule J for s	uch		 	<u> </u>
_	individual		• •	•			•	•			<i>:</i>	4	 	1
5	Did any person listed on line 1a receive of									zation or indivi	duai			
	for services rendered to the organization	rii res, c	compi	ete	SCI	ieat	ile J i	or s	such person		<u>·</u>	5_	<u>L</u>	_
	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Re	port compe	nsau	יז ווכ	or tr	ie c	aleno	iar y	year ending wil	n or within the	orgai	nzauc	วกรเ	ax
	year.							,						
	(A) Name and business add	dress							(B) Description of s	ervices	Co	(C) ompens		
								├						
NONE								-						
								+						
	 							{						
								├						
2	Total number of independent contractor	ore (include	20 bi	# ~	ot I	im.	od +		nose listed at	ava) who				
~	received more than \$100,000 of compens							, (Ove, will				
	15551755 more sharr wroo,000 or compens	Janon Holli		9011	بدهد									

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule C	COITIAINS & les	porise of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
Grants	1a	Federated campaigns	s 1a										
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .											
S, G	С	Fundraising events .	1c										
Gift	d	Related organizations	i 1d										
imi	е	Government grants (con	tributions) 1e										
tior r S	f	All other contributions, g						i					
the ib		and similar amounts not inc	luded above 1f	312,979									
호호	g	Noncash contributions include	ded in lines 1a-1f [.] \$					İ					
	h	Total. Add lines 1a-1	f	<u> </u> ▶	312,979								
Program Service Revenue				Business Code									
ver	2a												
, Be	b												
yic.	С												
Ser	d	***************************************					<u> </u>						
æ	е												
ogr	f	All other program sen					<u></u>	<u> </u>					
۳_	g	Total. Add lines 2a-2	<u>f</u>	<u> ▶</u>									
	3	Investment income											
		and other similar amo	•	•	25		ļ						
	4	Income from investmen	•	•									
	5	Royalties											
			(i) Real	(ii) Personal			1						
	6a	Gross rents						1					
	b	Less rental expenses											
	С	Rental income or (loss)		<u> </u>									
	_d	Net rental income or											
	7a	Gross amount from sales of	(i) Securities	(II) Other			1						
		assets other than inventory						,					
	b	Less: cost or other basis											
		and sales expenses .											
	С	Gain or (loss)		<u> </u>			<u> </u>						
	d	Net gain or (loss) .		<u> </u>			ļ	·					
evenue	8a	Gross income from fu											
Œ		of contributions reported See Part IV, line 18 .	•					<u>'</u>					
Other Re	١.	·	_		[
õ		Less direct expenses											
		Net income or (loss) f		events . >		 -							
	ya	Gross income from gassee Part IV, line 19 .											
	١.		· · · a										
	ľ	Less direct expenses											
	C .	Net income or (loss) f		ívities ▶				·					
	10a	Gross sales of in returns and allowance	es a					i i					
	b	Less cost of goods s											
	С	Net income or (loss) f											
		Miscellaneous F	Revenue	Business Code									
	11a												
	b						 						
	C			ļ	<u> </u>		ļ	ļ <u>-</u>					
	d	All other revenue .				· · · · · · · · · · · · · · · · · · ·	ļ						
	е	Total. Add lines 11a-			ļ								
	12	Total revenue. See I	nstructions	<u> ▶</u>	313,004		<u> </u>						
								Form 990 (2016)					

Part IX	Statement of Fur	nctional Expenses
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Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, 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 individuals. See Part IV, lines 15 and 16	255,971	255,971		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management				
d e	Lobbying				
f g	Investment management fees	9,103		8,030	1,073
12	Advertising and promotion	3,241			3,241
13	Office expenses	804	-		804
14	Information technology	1,466			1,466
15	Royalties				
16	Occupancy				<u> </u>
17	Travel	3,637		1,048	2,589
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates		·		
22	Depreciation, depletion, and amortization .	-			
23	Insurance	900		900	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank Fees	2604		191	2413
b					
C					
d					· —.
е	All other expenses		· · <u>-</u>		
25_	Total functional expenses. Add lines 1 through 24e	277,726	255,971	10,169	11,585
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here Following SOP 98-2 (ASC 958-720) if				•
	10110 Willing Oct 30-2 (NOO 300-120)	0	0	0	Form 990 (2016)

i	art X	Check if Schedule O contains a reasonable or note to any line in this Par	+ ∨		
_		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year	Ť	(B) End of year
	1	Cash—non-interest-bearing	176,462	1	189,823
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
ts.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	21,917
	10a	Land, buildings, and equipment: cost or		ŀ	
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 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 equal line 34)	176,462	16	211,740
	17	Accounts payable and accrued expenses		17 18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20 21	Tax-exempt bond liabilities		21	
/ 0	1	Loans and other payables to current and former officers, directors,		-1	
Liabilities	22	trustees, key employees, highest compensated employees, and		1	
₫		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	162,192	27	170,540
3af	28	Temporarily restricted net assets	14,270		41,200
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
še	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ě	33	Total net assets or fund balances	176,462	33	211,740
_	34	Total liabilities and net assets/fund balances	176,462	34_	211,740
					Form 990 (2016)

Form 99	0 (2016)		Pa	age 12
Part				
	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)		3.	13,0 <u>04</u>
2	Total expenses (must equal Part IX, column (A), line 25)			7,726
3	Revenue less expenses. Subtract line 2 from line 1		3	35,278
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		17	76,462
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		2	11,740
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. 🗆</u>
			Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🔲 Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in	1	
	Schedule O.		ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	or		
	reviewed on a separate basis, consolidated basis, or both:			
	☐ 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:		[
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	<u> </u>		
С	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	1	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain	ın 🗀		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in		
	the Single Audit Act and OMB Circular A-133?	- 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ie 🗀		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3h	1	1

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2016

Open to Public Inspection

ame	of the organization					Employer identification	number					
licola	as Fund for Education					45- <u>488</u>	37611					
Par	Reason for Public Chari	ty Status (All	organizations must	comple	te this pa	art.) See instructio	ns.					
he c	organization is not a private foundati	on because it is	s: (For lines 1 through	12, chec	k only on	e box.)						
1	A church, convention of churche	es, or association	on of churches descri	bed in se	ction 170	0(b)(1)(A)(i).						
2	A school described in section 1	70(b)(1)(A)(ii). (Attach Schedule E (F	orm 990	or 990-EZ	<u>Z</u>).)						
3	A hospital or a cooperative hosp											
4	A medical research organization hospital's name, city, and state:	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(iii). Enter the					
5	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.)											
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
8	☐ A community trust described in		•	Part II)								
9	An agricultural research organiz				arated in	conjunction with a le	and-arant college					
J	or university or a non-land-gran	t college of agri	culture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or					
10	An organization that normally re receipts from activities related to support from gross investment acquired by the organization aft	o its exempt fur income and unr	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/3% of its					
11	☐ An organization organized and o	operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).						
12	☐ An organization organized and of											
	of one or more publicly suppor	•				,						
	Check the box in lines 12a throu	gh 12d that des	scribes the type of sup	porting o	rganızatı	on and complete line	s 12e, 12f, and 12g.					
а	Type I. A supporting organization the supported organization supporting organization. You	s) the power to	regularly appoint or e	lect a ma	jority of the							
b	 Type II. A supporting organic control or management of the organization(s). You must c 	ne supporting o	rganization vested in	the same								
С	T. T	ated. A support	ting organization oper	ated in c			ally integrated with,					
d	. —						orted organization(s)					
	that is not functionally integr requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an						
е	Check this box if the organize functionally integrated, or Ty						e II, Type III					
f g		-	orted organization(s).				[]					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				Yes	No							
A) 												
B)												
C)												
D)												
E)												
roto	1			1								

Part							
	(Complete only if you checked th						alify under
Socti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	stea below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(a) 2014	(d) 2015	(a) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4					L	
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						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u> </u>		<u> </u>
_	on C. Computation of Public Suppor						
14 15 16a	Public support percentage for 2016 (line 6) Public support percentage from 2015 Sch 331/2/8 support test—2016. If the organi box and stop here. The organization qua	nedule A, Part ization did not	II, line 14 .t check the box		nd line 14 is 33		
b	331/2% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	on line 13 or 16	6a, and line 15		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	eets the "facts facts-and-circ	s-and-circumst	ances" test, cl est. The organi	heck this box a ization qualifie	and stop here s as a publicly	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of	tion meets tr	ne "facts-and-o	circumstances	" test, check	this box and	stop here.

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

Part III

Part							
	(Complete only if you checked the lf the organization fails to qualify						der Part II.
Secti	on A. Public Support	under the te	sts listed belo	w, piease co	inpiete rait ii	.)	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")		102,160	177,677	252,711	312,979	845,527
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		102/100	,	202,711	512,575	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	·					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		102,160	177,677	252,711	312,979	845,527
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than 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.)						845,527
Sect	on B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		102,160	177,677	252,711	312,979	845,527
10a	Gross income from interest, dividends,						

Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		102,160	177,677	252,711	312,979	845,527
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		3	8	17	25	53
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		3	8	17	25	53
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.)		102,163	177,685	252,728	313,004	845,580
14	First five years. If the Form 990 is for the organization, check this box and stop he	-		d, third, fourth	, or fifth tax ye		

Secti	on C. Computation of Public Support Percentage		
15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%
Secti	on D. Computation of Investment Income Percentage		
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a	331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is mo	re than	n 331/3%, and line
	17 is not more than 221m94, shock this box and stop here. The organization qualified as a publicly support	tad are	ranization 🕨 🖺

17 is not more than 33½, check this box and **stop here.** The organization qualifies as a publicly supported organization b 331/23% support tests -2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/23%, and line 18 is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization \blacktriangleright \Box

Part IV Supporting C

Supporting Organizations

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

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

	on A. All Supporting Organizations		Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	40		
5а	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).	5a		
þ	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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 .	6		
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			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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 .	8		
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.	9a		-
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b	 	
Ü	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		_
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			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

Page 4

		_					
Schedule	Α(I	Form	990	or 9	19N-	٠F <i>7</i> ١	2016

Part	Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	L		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		Ī
c	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Į.		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	İ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		l
Secti	on D. All Type III Supporting Organizations	<u> </u>	L	l .
			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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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		1	
	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations		I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	netru	otion	c)
	_	nsuu	CHOII	s).
a	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 in:	Struct	ions)
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	 -	-	
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? <i>Provide details in Part VI</i> .	3a		-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	ani	zations	
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	trus	st on Nov. 20, 1970 (expl	ions A through E.
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	<u>-</u>	
Section 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 instructions).	y int	egrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	 Supporting Organi 	zations (continued)	
Secti	on D - Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity	, , , , , , , , , , , , , , , , , , , ,		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	or oupported orga	THE COUNTY	
 5	Qualified set-aside amounts (prior IRS approval required)			
5				
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6		····	
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			1
2	(reasonable cause required - explain in Part VI). See	1		į
	instructions.		i	
3	Excess distributions carryover, if any, to 2016.			1
а				
b				
С	From 2013			
	From 2014			
	From 2015			
f	Total of lines 3a through e		·	
	Applied to underdistributions of prior years			
<u>g</u>	Applied to 2016 distributable amount			
	- 1 			
<u> </u>	Carryover from 2011 not applied (see instructions)			 -
_ <u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7.			i
a	Applied to underdistributions of prior years			· · · · · · · · · · · · · · · · · · ·
b	Applied to 2016 distributable amount		· · · · · · · · · · · · · · · · · · ·	
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	[
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3			
•	and 4c.			
8	Breakdown of line 7:			
a	!			
	Excess from 2013			1
d	Excess from 2015			
<u>e</u>	Excess from 2016			<u> </u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

2016

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of	f the or	ganization		Employ	er identification number
Nicolas	s Fund	for Education			45-4887611
Par	t I	Organizations Maintaining Donor Adv			Accounts.
		Complete if the organization answered			
			(a) Donor advised funds	<u> </u>	(b) Funds and other accounts
1		number at end of year		1	
2		egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year) .			
4		egate value at end of year		<u> </u>	
5		he organization inform all donors and donor are the organization's property, subject to the			
6	only 1	ne organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?	fit of the donor or donor advisor, or f	or any	other purpose
Part		Conservation Easements.			
		Complete if the organization answered			
1		ose(s) of conservation easements held by the			
	_	reservation of land for public use (e.g., recrea	•		
	= '	rotection of natural habitat	☐ Preservation o	f a certi	fied historic structure
_		reservation of open space			
2	-	olete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the	
		ment on the last day of the tax year.		1	Held at the End of the Tax Year
а		number of conservation easements			2a
b		acreage restricted by conservation easement		-	2b
С		per of conservation easements on a certified I			2c
ď		per of conservation easements included in	· ·	on a	
_		•		· · [2d
3		per of conservation easements modified, trans	sterred, released, extinguished, or terr	ninated	by the organization during the
	tax y				
4		per of states where property subject to conse			<i>.</i>
5		the organization have a written policy re- ions, and enforcement of the conservation ea			
6	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserva	ation easements during the year
7	Amou	 int of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing	conserv	ation easements during the year
•	▶\$	or expenses meaned in memoring, mepocin	g, name in growing and ornoroung	00110011	anon outsine daming the year
8	Does	each conservation easement reported on line	2(d) above satisfy the requirements of	section	170(h)(4)(B)(ı)
		ection 170(h)(4)(B)(ıı)?			· · · · · □ Yes □ No
9		rt XIII, describe how the organization reports		and ex	
•		ice sheet, and include, if applicable, the text of			
		nization's accounting for conservation easeme			
Part	m	Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other	Similar Assets.
		Complete if the organization answered '			
1a	If the	organization elected, as permitted under SF			e statement and balance sheet
		s of art, historical treasures, or other similar			
	publi	c service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t descri	bes these items.
b	If the	organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue	statement and balance sheet
	n. dale	s of art, historical treasures, or other similar c service, provide the following amounts relati	ing to those items.		
	(i) Re	evenue included on Form 990, Part VIII, line 1 ssets included in Form 990, Part X			> \$
	(ii) As	ssets included in Form 990, Part X			. • \$
2	If the	organization received or held works of art,	historical treasures, or other similar	assets a	for financial gain, provide the
		ving amounts required to be reported under S	· · · · · · · · · · · · · · · · · · ·		
а	Reve	nue included on Form 990, Part VIII, line 1 . ts included in Form 990, Part X			. > \$
b	Asset	ts included in Form 990, Part X			. • \$

Dane	. 2

Part	III Organizations Maintaining	Collections of A	Art, Historical T	reasures, or C	ther Similar As	sets (continued)
. 3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follo	owing that are a se	ignificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange pro	grams	
b	☐ Scholarly research		e 🗌 Other			
С	☐ Preservation for future generations	3				
4	Provide a description of the organizat XIII	tion's collections a	nd explain how t	hey further the o	rganization's exen	npt purpose in Part
5	During the year, did the organization					
	assets to be sold to raise funds rather		ined as part of the	e organization's c	collection?	☐ Yes ☐ No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes"				
1a	Is the organization an agent, trustee included on Form 990, Part X?		· ·			ot ☐ Yes ☐ No
b	If "Yes," explain the arrangement in P.	art XIII and comple	te the following to	able:		
					Aı	mount
С	Beginning balance				lc	
d	Additions during the year			 	d	<u></u>
е	Distributions during the year			· · · · · · · · · · · · · · · · · · ·	e	
f	Ending balance				If	0 🗇 V 🗆 Na
2a	Did the organization include an amount in Did					
	If "Yes," explain the arrangement in P Endowment Funds.	art XIII. Check here	e ir the explanatio	n nas been provi	ded on Part Alli .	<u> </u>
rai	Complete if the organization	answered "Yes"	on Form 990. I	Part IV. line 10.		
	Complete ii the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	14,270	13,670			<u> </u>
b	Contributions	41,200	600		0	
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs	14,270	· •			
f	Administrative expenses					
g	End of year balance	41,200	14,270			
2	Provide the estimated percentage of	-	d balance (line 1g	g, column (a)) held	d as:	
а	Board designated or quasi-endowme		%			
b	Permanent endowment ▶	%				
С	Temporarily restricted endowment ▶		000/			
2-	The percentages on lines 2a, 2b, and Are there endowment funds not in the			at are held and a	dministered for th	10
3a	organization by:	e possession or th	e organization th	at are field and a	tariiinsterea lor a	Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(II), are the related of					3b
4	Describe in Part XIII the intended use	s of the organization	on's endowment f	unds.		
Par			<u>-</u>			
	Complete if the organization	n answered "Yes	" on Form 990,	Part IV, line 11a	. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot (investm		or other basis (conther)	Accumulated depreciation	(d) Book value
1a	Land				Ī	
b	Buildings					
c	Leasehold improvements					·
d	Equipment					
ее	Other	<u> </u>				
Total	. Add lines 1a through 1e. (Column (d) i	must equal Form 9	90, Part X, colum	n (B), line 10c.) .	_ <i>.</i> ▶	<u></u>

	Complete if the organization answered "Yes" on For	m 990. Part IV. line	: 11b. See Form 990. Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
4\ =			Cost or end-di-year market value
(1) Financial	derivatives		· · · · · · · · · · · · · · · · · · ·
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	b) must equal Form 000. Part V. and (P) line 10.) b		
Part VIII	b) must equal Form 990, Part X, col (B) line 12.) ► Investments—Program Related.	<u> </u>	
Fart VIII		m 000 Dort IV line	11a Sac Form 000 Bort V line 12
	Complete if the organization answered "Yes" on For		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13) ▶		<u></u>
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	
	(a) Description		(b) Book value
_(1)		· · · · · · · · · · · · · · · · · · ·	
(2)		 	
(3)		 	
(4)	·	······	
(5)		V	
(6)	·····		
_(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col (B) line 15.)	<u>.</u>	<u>. , .</u> ▶
Part X	Other Liabilities. Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1.	line 25.		
(1) Federal ır	(a) Description of liability (b) Book value		
	ICOME (TVC2)	—	
(2)			
(4)			
(5)			
(6)			
72			
(7)			
(8)			
(8)			
(8) (9) Total. (Column ((b) must equal Form 990, Part X, col (B) line 25.) ► r uncertain tax positions. In Part XIII, provide the text of the footnotes		

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ne 4; Part X, line
were fully
Computer funding

Schedule D (For	m 990) 2016	Page 5
Part XIII	m 990) 2016 Supplemental Information (continued)	
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SCHEDULE F (Form' 990)

Statement of Activities Outside the United States

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Employer identification number Name of the organization

Nicola:	s Fund for Education				4:	5-4887611
Part			es Outside	the United States. Comp	plete if the organization ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the				
	9					E 100 E.10
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for monit	foring the use of its grant	ts and other
3	Activities per Region. (The fo	llowing Part I	l, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Central America, Caribbean	1	17	Program Services	Education	255,971
(2)						
(3)						
(4)	***************************************					
(5)						
(6)						
(7)			,			
(8)						
(9)						
(10)						
(11)						-
(12)						
(13)						<u> </u>
(14)						
(15)						
(16)						
(17)						
3a	Sub-total				-	
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

Schedule F (Form 990) 2016

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

(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	1 (a) Name of organization	(that section and EiN (that applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(4) (5) (6) (6) (7) (8) (10) (11) (12) (13) (14) (15)	(1)								
(4) (4) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	(2)								
(4) (6) (9) (10) (11) (12) (13) (14)	(2)								
(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15)	(4)								
(1) (10) (11) (12) (13) (14) (15)	(5)								
(10) (11) (12) (13) (14) (15)	(9)								
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(2)								
(10) (11) (12) (13) (14) (15)	(8)								
(10) (11) (12) (13) (14) (15)	(6)								
(11) (12) (13) (14) (15)	(10)								
(12) (13) (14) (15)	(11)								
(13)	(12)								
(14)	(13)								
(15)	(14)								
Nay,	(15)								
(61)	(16)							_	

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

3 Enter total number of other organizations or entities . . .

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016

(a) The of erest or ecception	and any or property of the Day of the Control of th	for Minnhor of	of Amount of	(a) Manner of	/A Amount of	Containsed (n)	(b) Method of
(a) Type ut grant of assistance	ioigau (a)	recipients	cash grant	(e) mainer of cash disbursement	noncash assistance	of noncash assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)		!					
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)	i						
(16)							
(17)							
67			-				

Schedule F	(Form 990)	2016

Part l	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	☑ No

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Part	V	Sup	ŗ

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); a Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions	and
The organization's procedures for monitoring the use of its grants and other assistance outside the United States:	
The Nicolas Fund for Education reviews the accounting records monthly to ensure that funds are being spent within the scope of our miss	sion
Individual receipts are reviewed for support and reasonableness	
The Board of Directors reviews summary financials and discusses questions with the in country management.	
At least 3 times per year an impact team visits the operations to support that the mission of the organization is being carried out efficiently	¥
and to the best interest of the students and families.	
	
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SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2016

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Nicolas Fund for Educaiton	45-4887611			
Form 990 Part III 3 In 2015 the organization provided scholarships for students to go to an existing school. In 2016, the organization				
helped start a school providing funding for teachers, facilities and supplies. All managment continu	es to be conducted by a local			
organization in Guatemala.				
Form 990 Part III 4d Other Program Services include tutoring children in remote villages, unable to	et to the school due to distance and tutor			
future students to provide them the needed skill to enter the school, not provided by the public educ	ation system there.			
In addition, a regional teacher's professional development workshop is held for local teachers and virtual classes where US schools participate				
Form 990 Part VI line 2: Al Lopus is the father of Lane Lopus, both board members.				
Form 990 Part VI line 11b: The organizations executive team review the form 990 prior to filing.				
Form 990 Part VI line 12c Annual Conflict of Interest Statements are reviewed by the Treasurer.				
Form 990 Part VI line 19: The organization's financial statements are available to the public upon request and on Guidestar.				

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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