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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493226003227 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

		f the Treasu nue Service	↑ Information all	ocial security numbers on this forn bout Form 990 and its instructions				C	pen to Public Inspection
A Fo	or the	e 2016 c		ginning 01-01-2016 ,and endi	ing 12-31	-2016			
		pplicable	C Name of organization SAVE THE CHILDREN ACTION NE	TWORK			D Employe	r identifi	cation number
	ne ch	change ange	% ELIZABETH ZORIO				46-5465	189	
□ Init	tial ret	-	Doing business as						
Fın Detur		nınated			In /		E Telephone	number	
		d return	Number and street (or P O box ii 899 NORTH CAPITOL STREET NE	f mail is not delivered to street address) Suite S	Room/suit	te			
□ Арі	olicatio	on pending	City or town, state or province, c	ountry, and ZIP or foreign postal code			(202) 64	0-6000	
			WASHINGTON, DC 20002	,,			G Gross rec	eints \$ 7.	289.655
			F Name and address of princ	ipal officer		H(a) Id	this a group ret		205,000
			EID NATOUR				s triis a group ret ubordinates?	urii ioi	□Yes ☑ No
			899 NORTH CAPITOL STREET WASHINGTON, DC 20002	NE		H(b) A	re all subordinate	es	☐ Yes ☐No
Tax	-exen	npt status	<u> </u>	◄ (insert no)	П ₅₂₇		icluded? "No," attach a li:	rt /coo	
I NAZ	obcit	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/W SAVETHECHILDRENACTION		32/		roup exemption i		•
	EDSIL	e: P VV VV	W SAVETHECHILDRENACTION	NETWORK ORG		.,.	roup exemption	i a i i i b c i	•
(Forn	n of or	ganızatıon	☑ Corporation ☐ Trust ☐ A	ssociation Other		L Year of t	formation 2014	M State o	of legal domicile DE
Pa	rt I	Sum	mary						
			scribe the organization's mission						
υ			s to mobilize all Americans in a d child survival globally	commitment that cannot wait-inve	esting in e	arly childi	hood now by foci	ising on	early education in
<u> </u>	_								
	-								
GOVERNANCE		Charle the	a how to Duf the evanningtion	discontinued its operations or disp	acad of m	ara than	3E0/ of its not as	aata	
5				ning body (Part VI, line 1a)				3	8
ACHVIUES &				of the governing body (Part VI, lir				4	7
e e			·	calendar year 2016 (Part V, line 2	•			5	34
1	6	Total nun	nber of volunteers (estimate if i	necessary)				6	70
Ť	7a	Total unr	elated business revenue from P	art VIII, column (C), line 12				7a	0
	ь	Net unrel	ated business taxable income fi	rom Form 990-T, line 34				7b	0
							Prior Year		Current Year
Oı .	8	Contribut	ons and grants (Part VIII, line	1h)			8,128,2	94	7,279,860
Ravenue	9	Program	service revenue (Part VIII, line	2g)				0	C
λċ	10	Investme	nt income (Part VIII, column (A	A), lines 3, 4, and 7d)				0	9,795
ш.	11	Other rev	enue (Part VIII, column (A), lır	nes 5, 6d, 8c, 9c, 10c, and 11e)				0	O
	12	Total rev	enue—add lines 8 through 11 (r	must equal Part VIII, column (A), l	line 12)		8,128,2	94	7,289,655
	13	Grants ar	nd sımılar amounts paıd (Part I)	K, column (A), lines 1–3)...				0	0
	14	Benefits p	oald to or for members (Part IX	, column (A), line 4)				0	0
8	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), line	s 5–10)		2,752,7	59	3,399,180
S(F	16a	Professio	nal fundraising fees (Part IX, co	olumn (A), line 11e)				0	O
Expenses	ь	Total fundr	aising expenses (Part IX, column (D), line 25) ► <u>54,371</u>					
ш	17	Other exp	penses (Part IX, column (A), lin	es 11a-11d, 11f-24e)			4,334,1	29	4,364,300
		•	•	equal Part IX, column (A), line 25)			7,086,8	88	7,763,480
	19	Revenue	less expenses Subtract line 18	from line 12			1,041,4	_	-473,825
Net Assets of Fund Balances						Begin	ning of Current Ye	ar	End of Year
alan	20	Total ass	ets (Part X, line 16)				2,566,2	01	2,461,931
A B			ılıtıes (Part X, line 26)		•		248,0	_	1,235,881
F E			s or fund balances Subtract lin		• •		2,318,1	_	1,226,050
	111		ature Block	21 110111 111112 20 1 1 1 1	•		2,310,1	<u> </u>	1,220,030
				amined this return, including accor	mpanying :	schedules	and statements	, and to	the best of my
	_		f, it is true, correct, and comple	ete Declaration of preparer (other	than offic	er) ıs bas	ed on all informa	tion of w	hich preparer has
шу к	nowle	iuge							
		*****	k				2017-08-11		
Sign		Signati	ure of officer				Date		
lere	:		TOUR TREASURER						
		 	r print name and title				,		
_	_		rınt/Type preparer's name IARY-EVELYN ANTONETTI	Preparer's signature MARY-EVELYN ANTONETTI		ate 017-08-11		TI N 00431862	
Paic		_					self-employed		
_	oare	₹ ! ├ॄ	rm's name ► KPMG LLP rm's address ► One Financial Plaza				Firm's EIN Phone no (860) 5	22-3200	
Jse	On	ly ˈ		32608			, none no (600) 5	J200	
			Hartford, CT 06103				<u>I</u>		П
⁄lav t	ne IR	5 discuss	this return with the preparer sh	hown above? (see instructions) .				L Y	es 🗌 No

Cat No 11282Y

Form **990** (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)					Page 2
Par	t IIII Statement	of Program Service	e Accomplis	hments		
	Check If Sche	edule O contains a respo	onse or note to a	any line in this Part III		🗹
1		organization's mission		,		
				AMERICANS AROUND	A COMMITMENT THAT CANNOT WAI	T - INVESTING IN EARLY
CHIL	DHOOD NOW SEE SC	HEDULE O FOR MORE D	DETAIL			
2	Did the organization	hich were not listed on				
	the prior Form 990 o	or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe the					
3	Did the organization	cease conducting, or m	ake significant	changes in how it cond	ucts, any program	
	services?	🗌 Yes 🗹 No				
	If "Yes," describe the	ese changes on Schedul	e O			
4	Section 501(c)(3) ar		ons are required	to report the amount	largest program services, as meast of grants and allocations to others, t	
	(Code) (Expenses \$	5,381,693	including grants of \$) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$	2,032,322	including grants of \$) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	295,094	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4d	Other program servi	ces (Describe in Schedi	ıle O)			
	(Expenses \$	ıncl	uding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ▶	7,709,1	09		

Yes

Yes

Yes

1

2

3

4

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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18

19

Yes

Yes

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

or X as applicable

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?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🔧

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

No Νo

Page 3

No Nο Nο

No

No

Nο

No

Nο

Nο

Nο

Nο

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No

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Form **990** (2016)

29

Page 4

No

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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32

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35a

35h

36

37

Yes

Yes

Form 990 (2016)

Yes

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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,"

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page
Par	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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 22 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
		.		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	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	4 I		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	7.		
	1098-C ⁷	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		
0-	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		
	Section 501(c)(7) organizations. Enter	"		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

OHIII	990 (2016)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	' respo	nse to li	nes
				✓
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •		
-	ction At Coverning Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b		No
9	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		B1 -
102	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	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?	10a		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?	16a		No
<u> </u>	status with respect to such arrangements?	16b		
<u>5e</u> 17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
- /	CA , CT , DE , DC , IL , KY , LA , MO , NH ,	NM , N	ND , OK	, OR ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(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 Schedule O)			
19	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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►ELIZABETH ZORIO 899 NORTH CAPITOL STREET NE WASHINGTON, DC 20002 (202) 794-1829			

Part VII

(2) PHILIP GEIER

(3) JACK GIRARDI

(4) AUSTIN HEARST Board Member

(5) MICHAEL MCGAVICK

Board Member

Board Member

Board Member

Board Member

(7) KRIS PERRY Board Member

Board Member

PRESIDENT

CHIEF OF STAFF

(11) KELLI CLARK

TREASURER

(8) DAWN SWEENEY

(9) MARK SHRIVER

(10) ELIZABETH ZORIO

(12) KIMBERLY ROBSON

Sr Director, Mobilization

(13) PAUL CIARAMITARO

(14) BRENDAN DALY

(15) JUDITH JERALD

(16) SHEILA MURPHY

(17) DIANA ONKEN

Sr Director, Political Action

Sr Director, Communications

Sr Advisor, Early Childhood

Sr Director, Gov Relations

DIRECTOR, MOBILIZATION

(6) TOM MURPHY

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42,701

20,745

20.874

25,001

21,542

35.632

15,170

8,133

33.044

Form 990 (2016)

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0

0

311,110

123,616

160,774

139,930

176.377

161,038

114,908

93.375

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, or 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
- con

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mpensated employees, and former such persons									
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee									
(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer	(D) Reportable compensation from the	(E) Reportable compensation from related	ar				

☐ Check this box if neither the organization no	r any related or	ganızatıon	compensated any	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list	than o	(C) lo not check more ne box, unless s both an officer	(D) Reportable compensation from the	(E) Reportable compensation from related	7
	any hours for related organizations below dotted	and a d	irector/trustee)	organization (W- 2/1099- MISC)	organizations (W- 2/1099- MISC)	c

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo both recto Office	t che x, u n an or/tro	ms de Highest compensated	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CAROLYN MILES Board Chair	5 0	×						0	459,969	50,016

WASHINGTON, DC 20005

compensation from the organization ▶ 5

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

I GIG	TATE Occasion At Officers, Direct	iors, musicus	// ICC // .	<u>p.</u>		,	, and	<u>g</u> .	1030 00111	pensate	a Employees (mucuj	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	t cho unles fficer	eck moss ss pers r and a tee)	son	compen from	(E) Ortable Ensation The			(F) Estima amount o compens from	ated of other sation
		for related organizations below dotted line)			Officer	key employee	<u> </u>	Former	2/1099-		2/1099-MISC)		organizati relate organiza	ion and ed
			individual trustee or director	Institutional Trust		eeiold	Highest compensate							
			i.	Stee			nsated							
						\vdash						+		
						F						1		
												_		
	b Sub-Total													
	otal from continuation sheets to Pa						▶				500.04			
	otal (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	but not limited	to thos				re) who	rec		1,128 than \$10	590,01	5		272,858
	<u> </u>												Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e	mpl	oyee,	or hi	ghest comp	ensated • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization											5		No
Se	ction B. Independent Contract	ors:			_	_								
1	Complete this table for your five higher from the organization Report comper	est compensate nsation for the c									ı's tax year	npen		
	Name a	(A) and business addre	ess							Descr	(B) ription of services		(C Compen	
1224 N	HERIDAN GROUP, M ST NW SUITE 300 INGTON, DC 20005								GE	ENERAL ST	•		·	281,855
1730 F	LUTION MESSAGING, RHODE ISLAND AVE INGTON, DC 20036								Dì	GITAL AD:	S			270,000
PO BO WASH	OM FORCE, X 66483 INGTON, DC 20035									GITAL DES				147,000
601 13 WASH	N SWIRSKI ASSOCIATES, 3TH ST NW SUITE 950 SOUTH INGTON, DC 20005									OMMUNICA				125,000
801 15	MAC WEST, 5TH ST NW SUITE 708 INGTON DC 20005								ĮE/	ENT MANA	4GEMENT			111,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part	VIII Statement of Revenue						rage 3
	Check if Schedule O contains	a respo	nse or note to anv	line in this Part VII	I		🗆
		<u>'</u>		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512-514
at at	b Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	·	1b					
. 6 E	c Fundraising events	1c					
ifts ar	d Related organizations	1d	5,731,158				
Contributions, Gifts, Grants and Other Similar Amounts	e Government grants (contributions)	1e					
Sil	f All other contributions, gifts, grants, and similar amounts not included		4 5 40 500				
E E	above	1f	1,548,702				
<u> </u>	g Noncash contributions included in lines 1a-1f \$	0					
<u> </u>	h Total.Add lines 1a-1f			7,279,860			
글	25		Business	Code			
έλ	2a 	_					
Service Revenue	b —	_					
<u>Ş</u>	с —						
3	d						
a	e —						
Program	f All other program service revenue	2		0	•		
<u>~</u>	gTotal. Add lines 2a-2f	. •	<u> </u>	_			
	3 Investment income (including divided similar amounts)		nterest, and other	9,79	5		
	4 Income from investment of tax-ex-		nd proceeds	•	0		
	5 Royalties	-		}	0		
	(ı) Rea		(II) Personal				
	6a Gross rents						
	b Less rental expenses			_			
	D Less Tental expenses						
	c Rental income or	0		0			
	(loss)			_	0		
	d Net rental income or (loss)		(+) Ohle		<u> </u>		
	(1) Securi	ties	(II) Other	\dashv			
	from sales of assets other						
	than inventory						
	b Less cost or						
	other basis and sales expenses						
	C Gain or (loss)						
	d Net gain or (loss)	_	>		0		
a)	8a Gross income from fundraising ev (not including \$	ents of					
E E	contributions reported on line 1c)		_				
eve	See Part IV, line 18		0				
ά	b Less direct expensesc Net income or (loss) from fundrai	b L			0		
Other Revenue	9a Gross income from gaming activit		ents 				+
ō	See Part IV, line 19						
		a	0	_			
	b Less direct expenses	Ь	0				
	c Net income or (loss) from gaming	activiti 1	es >	7	0		_
	10a Gross sales of inventory, less returns and allowances						
		а	0	1			
	${f b}$ Less cost of goods sold $\ . \ \ .$	ь	0				
	f c Net income or (loss) from sales of	finvento	ory ►		0		
	Miscellaneous Revenue		Business Code				
	11a						
	b						
	С						
	d All other revenue						
	e Total. Add lines 11a-11d				0		
	12 Total revenue. See Instructions			7.289.65	_		
			•	/,289,65	ي ا	I	Form 990 (2016)

Form 990 (2016) 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) \square Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and 0 domestic governments See Part IV, line 21 0 Grants and other assistance to domestic individuals. See Part IV. line 22 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 0 683,947 683.947 Compensation of current officers, directors, trustees, and key employees . 0 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 Other salaries and wages 2,068,054 2,030,161 37,893 8 Pension plan accruals and contributions (include section 401 109,646 109,646 (k) and 403(b) employer contributions) . 537,533 10,466 **9** Other employee benefits . 527.067 0 **10** Payroll taxes . . . 11 Fees for services (non-employees)

a Management . . .

d Lobbying

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

federal, state, or local public officials

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O) a COMMUNITY TRAINING EVENTS

b PROGRAM MATERIALS

c FINANCIAL FEES

d MEMBERSHIPS

e All other expenses

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

20 Interest . . .

23 Insurance .

15 Royalties .

16 Occupancy

17 Travel .

14 Information technology

b Legal .

c Accounting

e Professional fundraising services See Part IV, line 17

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

2,926,910 274,594 50,982 25,398 0 94,104

0 5,830

0

0 0

175,320

305.162

0

0

0

0

0

10,783

374.330

112,758

4,289

3.840

7,763,480

5,830

175,320

2,920,898

274.594

50,982 25,398

94,104

305.162

10,783

374,330

112,758

4,289

3.840

7,709,109

0

54,371

Form 990 (2016)

6,012

II of Schedule L

Part II of Schedule L

Notes and loans receivable, net

Inventories for sale or use

basis Complete Part VI of Schedule D

Investments—publicly traded securities .

Intangible assets

Accounts payable and accrued expenses . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds

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

b Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets . Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment cost or other

Investments—other securities See Part IV, line 11 . . .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11 .

Assets

11

12

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14

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16

17

18

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21

23

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26

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28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11**

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1,235,881

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Form **990** (2016)

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92,420 0

2.461.931

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930.973

123,109

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0 19

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0 21

0 22

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0

124.910

248,019

2.318.182

2,318,182

2,566,201

0

2,566,201

	(A) Beginning of year	E	(B) End of year	
Check if Schedule O contains a response or note to any line in this Part IX $$.				L

		beginning of year		End of year
1	Cash-non-interest-bearing	946,158	1	1,761
2	Savings and temporary cash investments	603,257	2	612.
2	Pledges and grants recovable not	0	2	

2	Savings and temporary cash investments	603,257	2	612,96
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	
5	Loans and other receivables from current and former officers, directors,			

trustees, key employees, and highest compensated employees Complete Part

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

10a

10b

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7	,289,655
2	Total expenses (must equal Part IX, column (A), line 25)	2			,763,480
3	Revenue less expenses Subtract line 2 from line 1	3			473,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,318,182
5	Net unrealized gains (losses) on investments	5			-91
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			618,216
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,226,050
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			_
	☐ 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, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle			

За

3b

Nο

Form **990** (2016)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: EIN: 46-5465189

Name: SAVE THE CHILDREN ACTION NETWORK

Form 990 (2016)

(====)

Form 990, Part III, Line 4a:

Advocacy SCAN's targeted strategy which includes a focused public policy agenda, grassroots mobilization and education campaign and research-based communications, elevates the issues of early childhood education and maternal and child health on the federal, state and local levels to ensure that 1) Globally, no child under age 5 or mother dies from preventable causes 2) In the US, no child goes without high-quality early childhood education

Electoral SCAN'S 2016 POLITICAL ACTIVITIES OCCURED AT THE STATE LEVEL IN IOWA, WASHINGTON, AND NEW HAMPSHIRE IN EACH OF THE THREE AFOREMENTIONED STATES, SCAN ENDORSED AND SUPPORTED CANDIDATES FOR STATE LEGISLATURE WITH INDEPENDENT EXPENDITURES, TAKING THE FORM OF DIGITAL ADVERTISING AND DIRECT MAIL ADDITIONALLY, IN NEW HAMPSHIRE SCAN'S POLITICAL WORK INCLUDED ENDORSING CANDIDATES IN THE GUBERNATORIAL RACE AND INCLUDED TELEVISION ADVERTISING AND RESEARCH IN BOTH NEW HAMPSHIRE AND WASHINGTON. CONSISTENT WITH STATE LAWS. SCAN ALSO GAVE DIRECT POLITICAL

Form 990, Part III, Line 4b:

CONTRIBUTIONS TO A TOTAL OF 16 CANDIDATES FOR STATE-LEVEL OFFICE

Form 990, Part III, Line 4c: NO CHILD IN THE UNITED STATES GOES WITHOUT ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION, AND THE MATERNAL, NEWBORN AND CHILD SURVIVE

(MNCS) CAMPAIGN WHICH AIMS TO ENSURE THAT GLOBALLY. NO CHILD UNDER THE AGE OF 5 OR MOTHER DIES FROM PREVENTABLE CAUSES

Lobbying SCAN IS IMPLEMENTING TWO PRIORITY CAMPAIGNS ON BEHALF OF CHILDREN - THE EARLY CHILDHOOD EDUCATION (ECE) CAMPAIGN WHICH AIMS TO ENSURE

DLN: 93493226003227 **Political Campaign and Lobbying Activities** OMB No 1545-0047 SCHEDULE C (Form 990 or 990-For Organizations Exempt From Income Tax Under section 501(c) and section 527 EZ) ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at Open to Public Department of the Treasury www.irs.gov/form990. Inspection Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** SAVE THE CHILDREN ACTION NETWORK 46-5465189 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures \$ 2,032,322 3 Volunteer hours Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2,016,322 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 2 function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 2,032,322 Did the filing organization fileForm 1120-POL for this year? ✓ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of filing organization's political contributions funds If none, enter received and promptly -0and directly delivered to a separate political organization If none, enter -0-1 See Additional Data Table 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016 Cat No 50084S

	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on line	1e	<u> </u>		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e	excess over \$500,000	1		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e	excess over \$1,000,000	1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex	cess over \$1,500,000	1		
	Over \$17,000,000	\$1,000,000		1		
g h i j	(Some organizations that made a	yeraging Period Uno section 501(h) elec	ler section 501(l	n) to comple		☐ Yes ☐ No
	columns below. See t	he separate instruc	tions for lines 2	a through 2	.f.)	
	Lobbying Expe	enditures During 4-	Year Averaging	Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount					
Ь	Lobbying ceiling amount (150% of line 2a, column(e))					
	Total lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Grassroots nontaxable amount

Grassroots lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

SCHEDULE C, PART III-A, LINE 1

		rganization is exempt under section 501(c)(3) and has NOT fi ion under section 501(h)).				<u> </u>	
For e activ	•	rough 11 below, provide in Part IV a detailed description of the lobbying	(a) Yes	No		(b) Amoun	+
1		ganization attempt to influence foreign, national, state or local legislation, ce public opinion on a legislative matter or referendum, through the use of	103				
а	Volunteers?						
ь	Paid staff or management (inclu	de compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?				1		
d	Mailings to members, legislators	, or the public?			\vdash		
е	Publications, or published or bro	adcast statements?					
f	Grants to other organizations for	r lobbying purposes?					
g	Direct contact with legislators, the	neir staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminal	rs, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of an	y tax incurred under section 4912					
С	•	y tax incurred by organization managers under section 4912					
d		d a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the o (6).	rganization is exempt under section 501(c)(4), section 501(c)(5), o	r secti	on 5	501(c)
	(0).					Yes	No
1	Were substantially all (90% or n	nore) dues received nondeductible by members?		Γ	1	Yes	
2	Did the organization make only	n-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to ca	rry over lobbying and political expenditures from the prior year?			3		No
Pai		rganization is exempt under section 501(c)(4), section 501(c BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				5 01 (c)(6)
1	Dues, assessments and similar a	amounts from members	1				
2	Section 162(e) nondeductible lo expenses for which the section	obying and political expenditures (do not include amounts of political on 527(f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		ount on line 2c exceeds the amount on line 3, what portion of the excess does ver to the reasonable estimate of nondeductible lobbying and political	4				
5	·	political expenditures (see instructions)	5				
P	art IV Supplemental Inf	ormation					
		Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list),	Part II-	-A, lines	1 an	d 2 (se	e
ins		so, complete this part for any additional information			—		
	Return Reference	Explanation					
SCH	EDULE C, PART I-A LINE 1	SCAN IS IMPLEMENTING TWO PRIORITY CAMPAIGNS ON BEHALF OF CHILDF EDUCATION (ECE) CAMPAIGN WHICH AIMS TO ENSURE NO CHILD IN THE U ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION, AND THE MATE SURVIVE (MNCS) CAMPAIGN WHICH AIMS TO ENSURE THAT GLOBALLY, NO OR MOTHER DIES FROM PREVENTABLE CAUSES SCANS 2016 POLITICAL AC STATE LEVEL IN IOWA, WASHINGTON AND NEW HAMPSHIRE IN EACH OF T STATES, SCAN ENDORSED AND SUPPORTED CANDIDATES FOR STATE LEGIS EXPENDITURES, TAKING THE FORM OF DIGITAL ADVERTISING AND DIRECT HAMPSHIRE SCAN'S POLITICAL WORK INCLUDED ENDORSING CANDIDATES AND INCLUDED TELEVISION ADVERTISING AND RESEARCH IN BOTH NEW INCONSISTENT WITH STATE LAWS, SCAN ALSO GAVE DIRECT POLITICAL CON APPROXIMATELY 16 CANDIDATES FOR STATE-LEVEL OFFICE	NITED S RNAL, N CHILD I TIVITIE HE THRI GLATURE MAIL A IN THE HAMPSH	STATES NEWBOR UNDER S OCCU EE AFOR WITH ADDITIO GUBER NIRE ANI	GOES N AN THE A RRED REMEI INDEF NALL NATO D WA:	S WITHING WITHING CHILD	OUT D 5 E NT IEW ACE TON,

SAVE THE CHILDREN ACTION NETWORK ("SCAN") IS NOT A MEMBER ORGANIZATION THE ORGANIZATION IS NOT SUBJECT TO IRC SECTION 6033(E) REPORTING AND DISCLOSURE BECAUSE IT DOES NOT HAVE

MEMBERS FROM WHICH IT COLLECTS DUÉS, ASSESSMENTS, OR SIMILAR AMOUNTS

Additional Data

Software ID:

Software Version:

EIN: 46-5465189

Name: SAVE THE CHILDREN ACTION NETWORK

Form 990, Schedule C, Pa	art 1-C, Line 5			
(a)Name	(b)Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
CITIZENS FOR ANDY HILL	23515 E NOVELTY HILL STE B221 1 REDMAN, WA 98053	272057163	1000	
CITIZENS FOR RUTH KAGI	13504 8TH AVE NW SEATTLE, WA 98177	911914967	1000	
CITIZENS FOR STEVE LITZOW	7683 SE 27TH ST 431 MERCER ISLAND, WA 98040	262303979	1000	
FRIENDS OF ANDY BILLIG	PO BOX 145 SPOKANE, WA 99210	271127517	1000	
FRIENDS OF TANA SENN	PO BOX 771 MERCER ISLAND, WA 98040	463757260	1000	
JAY INSLEE FOR WASHINGTON	PO BOX 21067 SEATTLE, WA 98101	452533952	2000	
MARK MULLET FOR SENATE	2525 NE PARK DR SUITE A ISSAQUAH, WA 98029	454091046	1000	
PEOPLE FOR CHRISTINE ROLFES	PMB 118 19689 7TH AVE NE POULSBO, WA 98370	320172015	1000	
RE-ELECT PAT SULLIVAN CAMPAIGN	26513 168TH PL SE COVINGTON, WA 98042	043679431	1000	
COMMITTEE TO RE- ELECT TOM DENT	601 EAST PIONEER WAY SUITE F 396 MOSES LAKE, WA 98837	464970913	1000	
FRIENDS OF CHRISTINE KILDUFF	PO BOX 65431 UNIVERSITY PLACE, WA 98464	465034375	1000	
FRIENDS OF FRANK CHOPP	1000 AURORA AVE N UNIT N-100 SEATTLE, WA 98109	320020852	1000	
MAUREEN WALSH FOR SENATE	PO BOX 2662 WALLA WALLA, WA 99362	113717635	1000	
PEOPLE FOR TIM ORMSBY	PO BOX 2177 SPOKANE, WA 99210	550876251	1000	
COMMITTEE TO ELECT DAVID WATTERS	19 MAPLE STREET DOVER, NH 03820	262910228	1000	

SCHEDULE D

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.

DLN: 93493226003227 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	me of the organization /E THE CHILDREN ACTION NETWORK			Employer id	dentification r	number
				46-5465189		
Pa	Organizations Maintaining Donor Complete if the organization answere			Accounts.	ı	
	,	(a) Donor advised funds		(b)Funds a	nd other accou	nts
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 funds are the organization's property, subject to			ısed	□ y ,	es 🗆 No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in writing that grant benefit of the donor or donor advisor, or	funds can b r for any oth	e er purpose	□ Y	es 🗆 No
Pa	rt III Conservation Easements. Complet	e if the organization answered "Yes	s" on Form	990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)				
	Preservation of land for public use (e g , rec	reation or education)	ation of an h	istorically im	portant land ar	ea
	Protection of natural habitat	☐ Preserva	ation of a ce	rtıfıed hıstorı	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neld a qualified conservation contribution	n in the form		vation at the End of	the Year
а	Total number of conservation easements		L	2a		
b	Total acreage restricted by conservation easemen	ts		2b		
c	Number of conservation easements on a certified	, ,	_	2c		
d	Number of conservation easements included in (c structure listed in the National Register		L	2d		
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguished, or term	ninated by th	ne organizatio	on during the	
4	Number of states where property subject to cons	ervation easement is located ►				
5	Does the organization have a written policy regar and enforcement of the conservation easements		. handling of	violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of violations, and ei	nforcing con	servation eas	sements during	the year
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations, and enforci	ing conserva	ation easeme	nts during the y	year
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of	f section 170	0(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				☐ Yes	□ No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's fina				
Par	Organizations Maintaining Collect Complete if the organization answers	tions of Art, Historical Treasures		r Similar A	Assets.	
1a	If the organization elected, as permitted under SI art, historical treasures, or other similar assets his provide, in Part XIII, the text of the footnote to it	eld for public exhibition, education, or re-	search in fui			orks of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(i	i)Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art, following amounts required to be reported under			ual gain, prov	vide the	
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$		
ь	Assets included in Form 990, Part X			▶ \$		
For	Paperwork Reduction Act Notice, see the Inst	uctions for Form 990.	Cat No. 5	2283D Sc	hedule D (For	m 990) 201

3	Using the organization's acquisition, accession items (check all that apply)	, and other records	, check a	any of th	ne following	that are a	significant	use of its	collection	
а	Public exhibition		d		oan or exch	ange prog	grams			
b	Scholarly research		e		Other					
c	Preservation for future generations									
4	Provide a description of the organization's coll Part XIII	ections and explain	how the	y furthe	r the organı	zation's e	xempt purp	ose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						nılar	□ Ye	es 🗆 No	n
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		rm 990	, Part I'	V, line 9, c	r reporte	ed an amo			
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermed	diary for	contribu	itions or oth	er assets	not	□ Ye	es 🗆 No	D
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina	table				Amount		-
c	Beginning balance	,				1c				-
d	Additions during the year					1 d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow o	or custodial	account li	ability?		s 🗆 N	- 0
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	explanati	on has b	een provide	ed in Part	XIII			•
Pa	rt V Endowment Funds. Complete if	the organization	answer	ed "Yes	s" on Form	990, Pa	rt IV, lıne	10.		
		(a)Current year	(b) Pr	rior year	(c)Two y	ears back	(d)Three y	ears back	(e)Four year	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	g, colum	n (a)) held a	as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ▶									
c	Temporarily restricted endowment ►									
_	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses organization by	sion of the organiza	tion that	are hel	d and admir	listered fo	r the		Yes	No
	(i) unrelated organizations							3.	a(i)	
	(ii) related organizations							37	a(ii)	
	If "Yes" on 3a(II), are the related organization	·							3b	
4	Describe in Part XIII the intended uses of the		wment f	unds						
Pa	rt VI Land, Buildings, and Equipmer Complete if the organization answ		m 990.	Part IV	/. line 11a.	See For	m 990. Pa	art X. lın	e 10.	
	Description of property (a) Cost or oth (investme	er basis (b)Cost	or other				lepreciation	, , , , , , , , , , , , , , , , , , , 	(d)Book value	
	Land							+		
	Buildings							+		
	Leasehold improvements							+		
	Equipment							+		
	Other							+		
	al. Add lines 1a through 1e (Column (d) must ed	l qual Form 990, Part	X, colur	nn (B), I	Ine 10(c))		>	1		

Part VII	Investments—Other Securities. Complete if the org					·
	(a) Description of security or category (including name of security)		Book alue		c) Method of vor end-of-year	raluation market value
	derivatives	: _				
(3)Other(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)					
Part VIII	Investments—Program Related. Complete if the o	organizatio	n answe	red 'Yes' on	Form 990, P	art IV, line 11c.
	See Form 990, Part X, line 13. (a) Description of investment	(b) Book	value		c) Method of	
(1)				Cost	or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•				
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 9	90, Part I\	/, line 11d Se	e Form 990, F	Part X, line 15 (b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe	red 'Yes'	on Form	990 Part IV	line 11e or	11f
	See Form 990, Part X, line 25. (a) Description of liability		(b) Book		, interite of	
(1) Federal :	ncome taxes		(D) BOOK	value		
				0		
FEDERATION (2)	I, INC			1,143,461		
(3)						
(4)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the f	► footnote to	the organ	1,143,461 Ization's financ	cial statement	s that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740)		_			

1

2

а

b

c

d

е

3

4

5

1

2

b

3

4

а

b

C

5

b

Part XII

Add lines 4a and 4b .

Schedule D (Form 990) 2016

2e

3

Page 4

Total revenue Total expenses

Other (Describe in Part XIII)

Add lines $\mathbf{4a}$ and $\mathbf{4b}$	
Total revenue Add lines 3 and 4c. (This must equal Form 990,	Par
Reconciliation of Expenses per Aug	
Complete if the organization	n ar
Total expenses and losses per audited financial statements .	
Amounts included on line 1 but not on Form 990, Part IX, line 2	.5
Donated services and use of facilities	
Prior year adjustments	
Other losses	
Other (Describe in Part XIII)	
Add lines 2a through 2d	
Subtract line 2e from line 1	
Amounts included on Form 990, Part IX, line 25, but not on line	1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . .

Add lines 2a through 2d

Subtract line 2e from line 1 .

Recoveries of prior year grants Other (Describe in Part XIII)

Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII) 25

4a 4b udited Financial Statements With Expenses per Return. on answered 'Yes' on Form 990, Part IV, line 12a. 2a 2b 2c 2d 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4c

2e 3 4c 5

Schedule D (Form 990) 2015

Page 5	Schedule D (Form 990) 2015					
	ormation (continued)	Supplemental Info	Part XIII			
	Explanation	Return Reference	Ret			

Schedule D (Form 990) 2016

Additional Data

Software ID: **Software Version:**

EIN: 46-5465189

Name: SAVE THE CHILDREN ACTION NETWORK

Supplemental Information Return Reference Explanation SCHEDULE D, PART X, LINE 2 THE FOLLOWING FOOTNOTE IS FROM THE CONSOLIDATED FINANCIAL STATEMENTS OF SAVE THE CHILDREN

) OF THE INTERNAL REVENUE CODE (THE CODE), SCUS AND HEAD START ARE EXEMPT FROM FEDERAL INC

FEDERATION, INC THE INTERNAL REVENUE SERVICE HAS RULED THAT, PURSUANT TO SECTION 501(C)(3

N TAX POSITIONS

OME TAXES AND ARE PUBLICLY SUPPORTED ORGANIZATIONS, AS DEFINED IN SECTION 509(A)(1) OF THE

CODE EFFECTIVE MARCH 11, 2014, THE INTERNAL REVENUE SERVICE DETERMINED THAT SCAN IS EXEM

TIONS, SCUS, HEAD START, AND SCAN ARE ALSO EXEMPT FROM STATE AND LOCAL INCOME TAXES THE O RGANIZATION FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TA XES (ASC 740), RELATED TO UNCERTAINTIES IN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF M

PT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(4) OF THE CODE AS NOT-FOR-PROFIT ORGANIZA

ORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED T O BE TAKEN IN A TAX RETURN THE ORGANIZATION BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAI

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493226003227 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2016 Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at Open to Public Department of the Treasury www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization SAVE THE CHILDREN ACTION NETWORK 46-5465189 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e g, maid, chauffeur, chef) Discretionary spending account If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1**b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III $\overline{\mathbf{v}}$ Compensation committee Written employment contract $\overline{\mathbf{V}}$ Independent compensation consultant Compensation survey or study $\overline{\mathbf{v}}$ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a No 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? No 4c Participate in, or receive payment from, an equity-based compensation arrangement? No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of No The organization? 5a 5b No Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of 6a The organization? No Any related organization? 6b If "Yes," on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2016 Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

ITOTEL THE SAIN OF COMMINE	- \-	(1) (11) for each listed life	arriadar mast equal tire to	tal alloant of Form 330,	Ture VII, Section 74, mile	ray applicable column (b)	dia (E) amounts for the	· marriada.
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column(B) reported as
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penerits	(B)(ı)-(D)	deferred on prior Form 990
1 CAROLYN MILES Board Chair	(i)	0	0	0	0	0	0	0
	(ii)	432,373	25,790	1,806	41,408	8,608	509,985	0
2 MARK SHRIVER PRESIDENT	(i)	252,815	17,750	40,545	15,754	26,947	353,811	0
	(ii)	0	0	0	0	0	0	0
3 PAUL CIARAMITARO Sr Director, Political Action	(i)	139,677	0	253	11,340	10,202	161,472	0
,	(ii)	0	0	0	0	0	0	0
4 BRENDAN DALY Sr Director, Communications	(i)	175,549	0	828	9,975	25,657	212,009	0
	(ii)	0	0	0	0	0	0	0
5 JUDITH JERALD Sr Advisor, Early Childhood	(i)	157,159	0	3,879	13,658	1,512	176,208	0
	(ii)	0	0	0	0	0	0	0
6 KIMBERLY ROBSON Sr Director, Mobilization	(i)	160,269	0	505	12,375	12,626	185,775	0
	(ii)		0	0	0	0	0	0
7 KELLI CLARKTREASURER	(i)	0	0	0	0	0	0	0
	(ii)	129,815	0	232	10,582	10,292	150,921	0
See Additional Data Table								

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation SCHEDULE J. PART I. LINE 3 OFFICERS ARE COMPENSATED FOR SERVICES PROVIDED TO SAVE THE CHILDREN ACTION NETWORK ("SCAN") COMPENSATION FOR K CLARK WAS PAID BY RELATED ORGANIZATION, SAVE THE CHILDREN FEDERATION, INC ("SCUS") OFFICERS M SHRIVER AND E ZORIO WERE PAID BY SAVE THE CHILDREN ACTION INETWORK, INC. THE COMPENSATION POLICIES OF SCAN ARE SUBJECT TO THE OVERSIGHT AND REVIEW BY THE BOARD OF TRUSTEES OF SCAN KELLI CLARK WAS COMPENSATED IN 2016 FOR SERVICES PERFORMED FOR SAVE THE CHILDREN ACTION NETWORK AND SAVE THE CHILDREN FEDERATION. INC. ITHE COMPENSATION REPORTED IN PART VII REPRESENTS THE INDIVIDUALS' TOTAL COMPENSATION FOR THE YEAR, AND NOT COMPENSATION FOR SERVICES

Page 3

Schedule J (Form 990) 2016

SHARED EMPLOYEES PERFORMED FOR ONLY SCAN

Schedule J (Form 990) 2016

LUMP-SUM PAYMENTS (AS A PERCENTAGE OF BASE SALARY) BASED ON A COMBINATION OF INDIVIDUAL PERFORMANCE AND ORGANIZATIONAL PERFORMANCE NON-FIXED PAYMENTS WERE MADE TO ELIGIBLE INDIVIDUALS SCHEDULE J, PART II, COLUMN B(II) REFLECTS THESE PAYMENTS TO C MILES AND M SHRIVER

efile GRAPH	C print - DO NOT PROCESS As Filed Data -	DLN	: 93493226003227
SCHEDUL (Form 990 or EZ)	99()- Complete to provide information for responses to specific provide any addition Form 990 or 990-EZ or to provide any addition Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.	pecific questions on al information.	2016 Open to Public Inspection
	N ACTION NETWORK O, Supplemental Information	Employer iden 46-5465189	tification number
Return Reference	Explanation		
FORM 990, PART III, LINE 1	SAVE THE CHILDREN ACTION NETWORK AIMS TO MOBILIZE ALL AME ANNOT WAIT - INVESTING IN EARLY CHILDHOOD NOW WE BELIEVE 'ST START IN LIFE WE'RE BUILDING BIPARTISAN WILL AND VOTER SUD IN THE US HAS ACCESS TO HIGH-QUALITY EARLY LEARNING AND THE GLOBE DIES FROM PREVENTABLE DISEASE OR ILLNESS BY INVERS ACCOUNTABLE, WE ARE HELPING KIDS FROM BIRTH TO AGE FI'P PART VI, LINES 6, 7A, AND 7B ORGANIZATION MEMBERS PER THE OF CORPORATION AND BYLAWS, SAVE THE CHILDREN FEDERATION, IN ER OF SAVE THE CHILDREN ACTION NETWORK ("SCAN") THE BYLAW BOARD OF DIRECTORS SHALL BE APPOINTED BY THE MEMBER, THE REMOVE ANY ONE OR MORE OF THE DIRECTORS AT ANY TIME IN ITS E IN ADDITION, ONLY THE MEMBER SHALL HAVE THE POWER TO AMEND THE O	THAT EVERY CHILD DESERV IPPORT TO MAKE SURE EVE THAT NO MOTHER OR CHIL ESTING IN KIDS AND HOLDII VE SURVIVE AND THRIVE FOR CHISTORY SURVIVE AND THRIVE FOR CHISTORY SHALL BE THE SURVIVE THAT ALL MEMBER SHALL HAVE THE MEMBER SHALL HAVE THE DISCRETION WITH OR WITH OPT, AMEND OR REPEAL TH	ES THE BE ERY CHIL D AROUND NG LEAD DRM 990, E OF IN OLE MEMB BERS OF TH E POWER TO HOUT CAUS IE BYLAWS,

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	FORM 990 REVIEW PROCESS THE SUBSTANTIALLY COMPLETE SCAN FORM 990 WAS REVIEWED BY THE SCAN
PART VI,	BOARD OF DIRECTORS ON JULY 24, 2017 THEN SENT TO THE AUDIT COMMITTEE OF THE SCUS BOARD AND
LINE 11B	FILED PRIOR TO THE NOVEMBER 15, 2017 DUE DATE

Explanation

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	COMPLIANCE WITH CONFLICT OF INTEREST POLICY UNDER ITS BYLAWS AND ITS CODE OF ETHICS & BUSI NESS CONDUCT, SAVE THE CHILDREN ACTION NETWORK'S DIRECTORS, OFFICERS, AND OTHER EMPLOYEES ARE REQUIRED TO PROMPTLY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST, IN WRITING ALL DIR ECTORS, OFFICERS, AND OTHER KEY EMPLOYEES ARE ALSO REQUIRED TO SUBMIT AN ANNUAL DISCLOSURE FORM TO THE SECRETARY OF THE CORPORATION, WHO VERIFIES THEIR SUBMISSION AND MAINTAINS REC ORDS OF ANY POTENTIAL CONFLICTS IN THE EVENT THAT A TRANSACTION POSES A POTENTIAL CONFLIC TOF INTEREST FOR ANY OFFICER OR DIRECTOR, THE BYLAWS PROVIDE FOR THE TRUSTEES' FULL CONSI DETATION OF ALL MATERIAL FACTS AND CIRCUMSTANCES TO DETERMINE WHETHER THE TRANSACTION IS FAIR, REASONABLE, AND IN THE CORPORATION'S BEST INTERESTS IN THE EVENT THAT A TRANSACTION POSES A POTENTIAL CONFLICT OF INTEREST FOR A KEY EMPLOYEE OTHER THAN AN OFFICER, THE EMPLOYEE'S SUPERVISOR AND NEXT-LEVEL SUPERVISOR ARE CHARGED WITH ENSURING THAT THE EMPLOYEE DOES NOT TAKE PART IN THE TRANSACTION

Return Reference	Explanation
FORM 990, PART VI, LINES 15A AND 15B	DETERMINING COMPENSATION OFFICERS ARE COMPENSATED FOR SERVICES PROVIDED TO SCAN COMPENSAT ION FOR THE TREASURER WAS PAID BY A RELATED ORGANIZATION, SAVE THE CHILDREN FEDERATION, IN C ("SCUS") COMPENSATION FOR THE SCAN PRESIDENT AND CORPORATE SECRETARY WAS PAID BY SCAN THE COMPENSATION POLICIES OF SCAN ARE SUBJECT TO THE OVERSIGHT AND REVIEW BY THE BOARD OF DIRECTORS OF SCAN

Return Explanation Reference

LINE 19

FORM 990. AVAILABLE TO THE PUBLIC SAVE THE CHILDREN ACTION NETWORK MAKES ITS GOVERNING DOCUMENTS AND

PART VI. FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART VII	COMPENSATION OF SHARED OFFICERS KELLI CLARK WAS COMPENSATED IN 2016 FOR SERVICES PERFORMED FOR SAVE THE CHILDREN ACTION NETWORK AND SAVE THE CHILDREN FEDERATION, INC THE COMPENSAT ION REPORTED IN PART VII REPRESENTS THE INDIVIDUALS' TOTAL COMPENSATION FOR THE YEAR, AND NOT COMPENSATION FOR SERVICES PERFORMED FOR THIS ORGANIZATION FORM 990, PART XII, LINE 2C AUDITED FINANCIAL STATEMENTS SAVE THE CHILDREN ACTION NETWORK ("SCAN") ADOPTED AND FOLLOW S ITS OWN POLICIES AND PROCEDURES SCAN ACTIVITY IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ITS SOLE MEMBER, SAVE THE CHILDREN FEDERATION, INC ("SCUS")

Return Explanation
Reference

FORM 990 DESCRIPTION ADVERTISING PRODUCTION TOTAL FEES 1996892
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION PROGRAM STRATEGY CONSULTANTS TOTAL FEES 569731
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION ADVOCACY SERVICES TOTAL FEES 196982
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION WEB AND MEDIA DESIGN TOTAL FEES 133186
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION VOLUNTEER RECRUITMENT TOTAL FEES 30119
PART IX
LINE 11G

efile GRAPHIC print - DO NOT PROCESS DLN: 93493226003227 As Filed Data -OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** SAVE THE CHILDREN ACTION NETWORK 46-5465189 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (g) Name, address, and EIN of related organization Direct controlling Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)Save the Children Federation Inc Child Dev CT 501(c)(3) NΑ No 501 Kings Hwy East Suite 400 Fairfield, CT 06825 06-0726487

(2) SCUS HEAD START PROGRAMS INC СТ PRESCHOOL 501(C)(3) SCUS Yes 501 KINGS HWY EAST SUITE 400 FAIRFIELD, CT 06825 45-3672468

(j) General o managing partner?	anaging	al or ging	יס נ
Yes No	es No	No	7
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Schedule R (Form 990) 2016		Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	\neg	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No

f	Dividends from related organization(s)	1 f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	

i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

J	Lease of facilities, equipment, or other assets to related organization(s)	1		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
p	Reimbursement paid to related organization(s) for expenses	1 p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determining am	nount i	involved	i

р	Reimbursement paid to related organization(s) for expenses	1 p	Yes					
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes					
r	Other transfer of cash or property to related organization(s)	1r		No				
s	Other transfer of cash or property from related organization(s)	1s		No				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds							
	(a) Name of related organization (b) Transaction type (a-s) (c) Method of determining amount							

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	An or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		,	(k) Percentage ownership
			514)	Yes	No	۱ <u>۱</u>		Yes	No		Yes	No	ļ
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										Schedul	e R (Form	1 990	0) 2016

