### EXTENDED TO MAY 15, 2018

Form **99**0

Return of Organization Exempt From Income Tax

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

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

Inspection

Department of the Treasury

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

JUL 1, 2016 and ending JUN 30, A For the 2016 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number Address change EDUCATE THE CHILDREN ⊺Name Jchange 16-1383981 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 272-1176 PO BOX 414 (607)terrn:n-ated City or town, state or province, country, and ZIP or foreign postal code 281,547. G Gross receipts \$ Amende ITHACA, NY 14851 H(a) Is this a group return F Name and address of principal officer ELISABETH PRENTICE Applica-tion Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) ( ) (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.ETC-NEPAL.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 1990 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities. EDUCATE THE CHILDREN WORKS WITH WOMEN AND CHILDREN IN NEPAL TO IMPROVE HEALTH, WELFARE AND Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 25 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable incôme from Form 990-T, line 34 Prior Year **Current Year** 303,188. 281,547. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 303,188. 281,547 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 155,125. 269,181 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 14 Benefits paid to or for members (Part IX, column (A), time-4) Salaries, other compensation, employee benefits (Part IX, column (A) lines 10 48,085. 47,813. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 33.8 b Total fundraising expenses (Part IX, column (D), line 2 23,890. 26,347. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A) line-25) 226,828. 343,613<u>.</u> Revenue less expenses Subtract line 18 from line 12 76,360. -62,066. Beginning of Current Year **End of Year** 271,597. 332,801. Total assets (Part X, line 16) 20 14,970. 14,108. Total liabilities (Part X, line 26) 318,693. 256,627 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deplaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Sign 12<del>000</del>21 Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name P00503316 DUANE SHOEN Paid Firm's name INSERO & CO. CPAS, 47-5324570 Firm's EIN Preparer STATE STREET Firm's address 401 E. Use Only Phone no. (607) 272-4444 ITHACA, NY 14850

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

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2016)

X Yes No

Form	1990 (2016) EDUCATE THE CHILDREN, INC.	16-1383981	_Page <b>2</b> _
Pa	rt III, Statement of Program Service Accomplishments		
			[ <u>-</u>
	Check if Schedule O contains a response or note to any line in this Part III	<del> </del>	
1	Briefly describe the organization's mission.		
	EDUCATE THE CHILDREN WORKS WITH WOMEN AND CHILDREN IN NE	PAL TO IMPRO	)VE
	HEALTH, WELFARE AND SELF-SUFFICIENCY BY BUILDING SKILLS '		
		INAL FAMILIE	10
	CAN PASS DOWN TO LATER GENERATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the	,	
2		<del></del>	[ <del>1</del> ]
	prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
3	· · · · · · · · · · · · · · · · · · ·	1es	140
	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 i	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s the total expenses a	nd
	· · · · · · · · · · · · · · · · · · ·	o, the total expenses, a	ii i G
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$187,351. including grants of \$168,449. ) (Revenue	ue \$	)
	EDUCATIONAL OPPORTUNITES, SKILLS TRAINING, KINDERGARTEN I	PROGRAMS.	
	TEACHER TRAINING, AND AGRICULTURAL DEVELOPMENT.		
	TEACHER TRAINING, AND AGRICULTURAL DEVELOPMENT.	<del></del>	
		<del></del>	
		<del></del>	
4b	(Code) (Expenses \$100, 732. including grants of \$100, 732. ) (Revenue		
710	EARTHQUAKE RELIEF		
	DAKINGUARE RELIEF		
			<del></del>
4c	(Code) (Expenses \$	ле \$	)
			<del></del>
		<u>.</u>	
4d	Other program services (Describe in Schedule O.)		
. ••		•	
	(Expenses \$ including grants of \$ ) (Revenue \$		<del></del>
<u>4e</u>	Total program service expenses ▶ 288,083.		
			200 (2016)

Form 990 (2016) EDUCATE THE CHILDREN, INC.

Part IV Checklist of Required Schedules

	<del>// // // // // // // // // // // // // </del>			
			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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		.,
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Ì
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		1
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	l		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	. 38	`	
	as applicable	* * * * * * * * * * * * * * * * * * * *		
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	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
þ	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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_	_X_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ļ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19	200	<u> </u>
		Form	990 (	(2016)

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Part IV Checklist of Required Schedules (continued)

			Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	!	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete	1 1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	] ]		
	Schedule K If "No", go to line 25a	24a		X_
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1	- [	
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"		1	
	complete Schedule L, Part II .	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	, ,	- 1	
	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		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		right Fright	, A
	instructions for applicable filing thresholds, conditions, and exceptions):		<u>```</u>	ź ^
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1 1		i
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ł	ı	
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		- 1	77
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		j	7.5
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	[		7.7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
2P	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	20	x	
	Note: All Form 330 mers are required to complicte Scriedure O	38   Form		2016)
		Onli	(	

	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	1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			.5	75. 20.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportab	le gamıng	ļ	\$ <u>\$.</u>	\$\$\\\
	(gambling) winnings to prize winners?			1c	ļ	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1	_	***	ŀ	
	filed for the calendar year ending with or within the year covered by this return	2a	2	<u> </u>	ļ	ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	X	ļ_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)		<u>******</u>	2 7%	<u>``</u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	<b> </b>	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	İ	1	
	financial account in a foreign country (such as a bank account, securities account, or other financial	account	)?	4a		X
b	If "Yes," enter the name of the foreign country.			Î		١,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR)		(3,	;; ;
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		L_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organ	ization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	L	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			į
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			L	\$ 78	×,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pr	ovided to the payor?	7a		X
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	as requi	red -			
	to file Form 8282?			7с		Х
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d			,	W)
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract <sup>2</sup>	7	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition file	a Form 1098-C?	7h		L
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		,×2,258		
	sponsonng organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				, , , ;	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			[ 그 집	
11	Section 501(c)(12) organizations. Enter				`	
а	Gross income from members or shareholders	11a			180	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					ŀ
	amounts due or received from them)	11b		, á	400	
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		, ×		**
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					****
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			\$		\$\$ 9\\
	Enter the amount of reserves the organization is required to maintain by the states in which the				,	
þ	organization is licensed to issue qualified health plans	13b		\$. 5.	, l	
b	organization is incensed to issue qualified fleatin plans					
	Enter the amount of reserves on hand	13c		Ř	il.	380
С		13c		% 14a	\$1.7 <u>\$</u>	X

16-1383981 EDUCATE THE CHILDREN, INC Form 990 (2016) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a 12b Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records LISA ANNE LYONS - 607-272-1176

ITHACA,

Form 990 (2016)

14850

BEAN HILL LANE,

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

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

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

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

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

(A)	(B)			(( Pos	C) ition	1		(D)	(E)	(F)
Name and Title	Average hours per		not cl	heck i	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		ceran					from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	Individual trustee or director	ee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	truste	institutional trustee		yee	шреп		(W-2/1099-WIISC)		organization and related
	below	ndual	tution	ja	Key employee	est co loyee	je je			organizations
	line)	ng Ş	Insti	Officer	Key	High	Former			
(1) BARBARA BUTTERWORTH	1.00									
DIRECTOR		Х					L.	0.	0.	0
(2) PETER FRITTS	1.00							-		
TREASURER		Х		X		ļ		0.	0.	0
(3) MELVIN GOLDMAN	1.00	l						1		
VICE PRESIDENT	1 00	X	Ш	Х		<u> </u>		0.	0.	0
(4) CHARLES GOODMAN	1.00	,,								
(5) ELISABETH PRENTICE	1.00	X	H			$\vdash$		0.	0.	0
PRESIDENT	1.00	x		х				0.	0.	
(6) MICHAEL ESPOSITO	1.00	_		^		Н		U •	0.	0
DIRECTOR	1.00	x						0.	0.	0
(7) JAMES JOHNSTON	1.00			_				•	0.	0.
DIRECTOR		х			!			0.	0.	0 .
(8) SALLY MCCONNELL-GINET	1.00									
DIRECTOR		х						0.	0.	0 .
(9) DAN WEED	1.00									
DIRECTOR		X						0.	0.	0 .
(10) SUSANNA PEARCE	1.00									
DIRECTOR		Х						0.	0.	0 .
(11) LISA ANNE LYONS	40.00			j						
EXECUTIVE DIRECTOR		<u> </u>		Х				26,000.	0.	0.
	<u></u>									
		$\vdash$				-1				
						i				
	<del></del>	-	$\vdash$	$\dashv$						
						$\vdash \vdash$				
	·	Н	$\vdash \dashv$	_		$\vdash$				

Form 990 (2016)

632008 11-11-16

Pai	LV	HI	<b>-</b>	5			[ <del></del> ]
			Check if Schedule O contains a response or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f	281,547.			
0 8		<u>'''</u>	Business Code				
Program Service Revenue	2	c d e					
-			All other program service revenue		* * '		*
	3 4 5		Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties				
	ľ		(i) Real (ii) Personal			* *	
	6	b b	Gross rents Less: rental expenses Rental income or (loss)				
	7	a b c	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses  Gain or (loss)				
Other Revenue	8	а	Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c) See  Part IV, line 18				
J	9	а	Net income or (loss) from fundraising events  Gross income from gaming activities See  Part IV, line 19  Less' direct expenses  b				
	10	a b	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less cost of goods sold  Net income or (loss) from cales of inventory				
	-	С	Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code	8 1, 2 3	<b>7</b> 4, \$		
	11	a b c	All other revenue	r. 30m W			
		e			* * * * * * /		\$ 1/ 5 (* )
	12	<u> </u>	Total revenue. See instructions.	281,547.	0.	0.	
63200	00 1		16				Form <b>990</b> (2016)

_	Check if Schedule O contains a response of include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				<u> </u>
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			X. 42	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	252 121	050 101		
	individuals See Part IV, lines 15 and 16	269,181.	269,181.	\$0. 2 \$\frac{1}{2}\$	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	06 000	C 7C0	4 400	14 000
	trustees, and key employees	26,000.	6,760.	4,420.	14,820.
6	Compensation not included above, to disqualified	ł			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	17 600	4 507	2 005	10 070
7	Other salaries and wages	17,680.	4,597.	3,005.	10,078.
8	Pension plan accruals and contributions (include	1			
	section 401(k) and 403(b) employer contributions)	775	201	120	442
9	Other employee benefits	775.	201.	132.	2,069
10	Payroll taxes .	3,630.	944.	617.	2,069.
11	Fees for services (non-employees)	}			
а	Management				
þ	Legal .	F 402	1 400		2 1 2 1
С	Accounting	5,493.	1,429.	933.	3,131.
d	- Lobbying		<del></del>	- ASS. N. W. 73	<del></del>
е	Professional fundraising services. See Part IV, line 17		À À Á. Š		<del></del>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		77		170
12	Advertising and promotion	298.	77.	51.	170.
13	Office expenses	8,493.	2,963.	1,128.	4,402.
14	Information technology	224.	58.	38.	128.
15	Royalties _				
16	Occupancy	4 010	1 000	716	2,401.
17	Travel	4,212.	1,095.	716.	2,401.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<u> </u>	
19	Conferences, conventions, and meetings		<del></del>	<del> </del>	
20	Interest		<del></del>		
21	Payments to affiliates		. <del></del>	<del></del>	
22	Depreciation, depletion, and amortization		<del></del>		
23	Insurance	· · · · · · · · · · · · · · · · · · ·		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	An V Shirts St
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)		and the second of the second o		
	amount, list line 24e expenses on Schedule O.)	4,633.		<sup>2</sup> / <sub>2</sub>	4,633
а	BAD DEBTS		648.	424.	1,422
b	DUES AND SUBSCRIPTIONS	2,494. 500.	130.	85.	285
C	FILING FEES	300.	тэ0.	63.	200
d					
	All other expenses	2/2 612	288,083.	11,549.	43,981
25	Total functional expenses Add lines 1 through 24e	343,613.	200,003.	11,549.	43,301
26	Joint costs Complete this line only if the organization	ł		1	1
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.	ļ.		1	1

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 268,264. 329,926. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 2,449 3,122. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 426. 211. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 2,000. basis. Complete Part VI of Schedule D 10a 2,000. 0. 0. 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 332,801. 597 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 14,088. 14,838. 25 Schedule D 14,970. 14,108. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 197,508. 243,997. 27 27 Unrestricted net assets 12,630. 121,185. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 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 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 318,693. 256,627. 33 33 Total net assets or fund balances 332,801. 271,597. Total liabilities and net assets/fund balances Form 990 (2016)

Form	990 (2016) EDUCATE THE CHILDREN, INC.	16-1	383981	Page	12
Pa	rt XI Reconciliation of Net Assets		<del></del> -	-	_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	281	,547	7.
2	Total expenses (must equal Part IX, column (A), line 25)	2	343	,613	3.
3	Revenue less expenses Subtract line 2 from line 1	3	-62	,066	5.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	318	,693	3.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		C	·
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	256	,627	7.
Pai	T XIII Financial Statements and Reporting		•	•	
	Check if Schedule O contains a response or note to any line in this Part XII			[]	<u> </u>
				es N	lo
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		*,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		.	
	separate basis, consolidated basis, or both:			,	
	X Separate basis Consolidated basis Both consolidated and separate basis		8.4	y	
b	Were the organization's financial statements audited by an independent accountant?		2b	2	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		11	
	consolidated basis, or both:				_
	Separate basis Consolidated basis Both consolidated and separate basis			,	
- C-	If-"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	24. 9.	° <sub>5</sub> .	
	review, or compilation of its financial statements and selection of an independent accountant?			<u> </u>	_
	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 Sing	gle Audıt			╝
	Act and OMB Circular A-133?		3a	<u> </u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		İ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>90</b> (20	16)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www OMB No 1545-0047

Open to Public Inspection 🏖

Name o	of the organization		<u> </u>			WW II GOVIIC	Employe	r identification number
	EDUC	ATE THE CH	ILDREN, INC.				1	L6-1383981
Part				omplete th	ııs part ) S	ee instructions	S.	
The org	anization is not a private found							
1	A church, convention of ch					1)(A)(i).		4
2	A school described in sect					-7070-7-		1)
3	A hospital or a cooperative					ii)		
4	A medical research organiz					•	Wiii) Enter	r the hospital's name
<b>-</b> L	city, and state:	and to operate and of	njanoson min a noopha	4000000	· ··· Scoul	), 17 O(D)(1)(F	July: Line	and noopical o name,
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nıt describ	ed in
• _	section 170(b)(1)(A)(iv). (0				, 5			
6	A federal, state, or local go		nental unit described in	section 1	70/b)/1)/A)	(v)		
7 🛚		-				• •	ne general	public described in
• 🗀	section 170(b)(1)(A)(vi). (C		man part of the support	om a gon	orrino ricar	u 0	io goriorai	pabilo accombad in
8	A community trust describe	· · · · · · · · · · · · · · · · · · ·	(1)(A)(vi) (Complete Par	+ 11 \				
9	An agricultural research org	• •		•	ed in conii	inction with a	land-grant	college
J	or university or a non-land-g	-		•	-		-	•
	university:	grant conege or agric	altare (see molitaellens).	Littor the	name, city	, and state of	the conege	5 01
10	An organization that norma	illy receives: (1) more	than 33 1/3% of its sun	nort from	contributio	ne memberel	nin foos ar	nd gross receipts from
.0	activities related to its exen							-
	income and unrelated busin	•						•
	See section 509(a)(2). (Co		(less section of reak) in	uu basiile:	sses acqui	red by the dig	janization	aiter outle 50, 1975.
11	An organization organized a	•	welv to test for public sa	faty Saa	caction 5		=	-
12	An organization organized		- ·	-			rn, out the	nurnoene of ano or
12	more publicly supported or	·	•	•		•	•	
	lines 12a through 12d that	=						Check the box in
<u> </u>	Type I. A supporting orga	= -			•		•	anuna.
a	the supported organization	•		•	_			-
	organization. You must o	•		пајонку с	n the three	tors or truster	35 OI 1116 SI	apporting
ьГ	Type II. A supporting org	•		ion with it	e cupporte	d organizatio	o(c) by bo	una.
O L	control or management o					_		•
	organization(s). You mus			airie perso	iis iiiai co	ndoror manaç	Je trie subj	ported
_ [	<del></del>	•		ın oonnoo	hon with i	and franctional	lu intorroti	ad with
C L	Type III functionally inte						iy iinegrate	eu witti,
ا بہ	its supported organization	• • •	•	•	•	•	4ad areas.	t(a)
d L	Type III non-functionally that is not functionally int						•	. ,
	requirement (see instruct			•		•	an attenti	veness
_ [	`	•	•				0.75	
e L	Check this box if the orga functionally integrated, or					Type I, Type	ii, Type iii	
4 5	nter the number of supported o	• .	nany integrated supporting	ng organiz	ation			
	rovide the following information	•	d organization(e)					L
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10	Yes	ng document?	support (see in	structions)	support (see instructions)
			above (see instructions))					<del> </del>
					<b> </b>		<del></del>	
								-
		]						
		1						<del> </del>
		{						
		T			<del>,</del>	<del></del>		<del> </del>

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						-
	membership fees received. (Do not						
	include any "unusual grants.")	238,034.	315,948.	372,826.	303,188.	281,547.	1511543.
2	Tax revenues levied for the organ-						
	ization'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	238,034.	315,948.	372,826.	303,188.	281,547.	1511543.
5	The portion of total contributions			\$ / <b>\$</b> /\$	## # \$ 1		
	by each person (other than a	inspirition of the control of the co					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		-				
	amount shown on line 11,						
	column (f)		, 1				194,819.
6	Public support, Subtract line 5 from line 4	,3		T 2000		*** ** .54	1316724.
	tion B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	238,034.	315,948.	372,826.	303,188.	281,547.	1511543.
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	` ,( <u>@</u>	y				1511543.
12	Gross receipts from related activities,	etc. (see instruction	ens)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					<b>▶</b> □
Sec	tion C. Computation of Publi	c Support Per	centage				<del> </del>
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	87.11 %
15	Public support percentage from 2015	Schedule A, Part	ll, line 14			15	85.64 %
16a	33 1/3% support test - 2016. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		_				ightharpoons
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟_
17a	10% -facts-and-circumstances test	- 2016. If the org	anızatıon dıd not c	check a box on line	13, 16a, or 16b, a	ınd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	i <b>ere.</b> Explain in Pai	rt VI how the organ	nization
	meets the "facts-and-circumstances" $\\$	test The organizat	ion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2015. If the org	anızatıon dıd not c	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	ı ın Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orgar	nization	▶ 🛄
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	dule A (Form 990	or 990-E7) 2016

Pa	rt III   Support Schedule for C	Organizations	Described in	Section 509(a)	(2)		/
	(Complete only if you checked	I the box on line 10	of Part I or if the	organization failed	I to qualify under P	art II. If the organiz	ation fails to
	qualify under the tests listed b	elow, please comp	lete Part II.)				
Sec	ction A. Public Support					t	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	/ (f) Total
1	Gifts, grants, contributions, and					1	·
	membership fees received (Do not			1			
	include any "unusual grants ")			Í	<u> </u>	/_	<u> </u>
2	Gross receipts from admissions,					/	
	merchandise sold or services per-		]		Í	1 /	ĺ
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose		ĺ			V	İ
3	Gross receipts from activities that					,	
·	are not an unrelated trade or bus-		1	ĺ	,		
	iness under section 513				/		
4	Tax revenues levied for the organ-	·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del>                                     </del>
*	ization's benefit and either paid to						
	or expended on its behalf			Î			
_	The value of services or facilities	<del></del>		<del> </del>	<del> </del>		
5				i	1		i
	furnished by a governmental unit to			1	<u>/</u>		
	the organization without charge			<del> //-</del>	<del> </del>	<del></del>	<del></del>
	Total. Add lines 1 through 5			, ,	<del> </del>	<del> </del>	
78	Amounts included on lines 1, 2, and		İ				1
	3 received from disqualified persons	- <del></del>		/	<del> </del>	<del> </del>	
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that	İ	İ				1
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			1	<del> </del>	<del></del>	
c	Add-lines 7a and 7b	<del></del>	<u> </u>	/	<u> </u>		
	Public support. (Subtract line 7c from line 6)	*** * **	<u> </u>	7 💲 🖟 🥻 .			L
	ction B. Total Support			1	т	<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013 <sup>//</sup>	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6			<del> </del>	ļ	<u> </u>	<del></del>
10 a	Gross income from interest, dividends, payments received on	[		[	[		
	securities loans, rents, royalties				l .		
	and income from similar sources			ļ	<del> </del>	<del></del>	ļ
· t	Unrelated business taxable income				ļ		
	(less section 511 taxes) from businesses		1				1
	acquired after June 30, 1975		/				
c	: Add lines 10a and 10b						
11	Net income from unrelated business				ļ		
	activities not included in line 10b, whether or not the business is		[				ĺ
	regularly carried on				ļ		
12	Other income Do not include gain			{	1		ĺ
	or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	/					
Se	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2916 (	line 8, column (f) di	vided by line 13,	column (f))		15	%
16	Public support percentage from 2015			.,,		16	<u></u>
	ction D. Computation of Inves					<del></del>	
17	Investment income percentage for 20			ne 13, column (fl)		17	%
18	Investment income percentage from	•		,		18	<u>%</u>
	33 1/3% support tests - 2016. If the			on line 14, and line	e 15 is more than 3		
156	more than 33 1/3% check this box a	-					o.,lot
	33 1/3% support tests - 2015. If the	·					and
Į	line 18 is not more than 33 1/3%, che						
20							· <b>\</b>
20		an did not check a	DOX ON MIC 14, 15	ra, or 130, crieck ti			0 or 990-EZ) 2016
0320	23 <del>-09-</del> 21-16				SCII	Came w (Louin aa	5 51 550-LL/2010

### Part IV Supporting Organizations

(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)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard

					_
Schedule A	(Form	990	or 990-	EZ) 2	016

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2016

×€.

· )jj ,

63

Part VI. See instructions

Breakdown of line 7:

b Excess from 2013

c Excess from 2014d Excess from 2015e Excess from 2016

and 4c

7 Excess distributions carryover to 2017. Add lines 3j

Schedule A	(Form 990 or 990-EZ	2016 EDUCA	TE THE	CHILDREN,	INC.		<u> 16-1383981</u>	Page 8
Part VI	Supplemental I Part IV, Section A, I line 1, Part IV, Secti	information. Innes 1, 2, 3b, 3c, on D. lines 2 and	Provide the 6 4b, 4c, 5a, 6 3: Part IV. S	explanations require , 9a, 9b, 9c, 11a, 1 ection E. lines 1c, 2	ed by Part II, line 10, 1b, and 11c, Part IV,	Section B, lines 1 art V. line 1. Part V	17b, Part III, line 12; and 2; Part IV, Section . Section B. line 1e, Part	C,
<del></del>	(See instructions)		<u> </u>	· · · · · · · · · · · · · · · · · · ·				
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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.urs.gov/form990.

16 Open to Public

Name of the organization

EDUCATE THE CHILDREN, INC.

Employer identification number 16-1383981

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds of	or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year	<u></u>							
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds '						
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No						
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be u	sed only						
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose o	onferring						
D	impermissible private benefit?		Yes No						
Pai			art IV, line 7.						
1	Purpose(s) of conservation easements held by the organization								
	Preservation of land for public use (e.g., recreation or e		rically important land area						
	Protection of natural habitat	Preservation of a certif	ned historic structure						
_	Preservation of open space		f						
2	Complete lines 2a through 2d if the organization held a qualification of the toward	led conservation contribution in the form o							
_	day of the tax year  Total number of conservation easements		Held at the End of the Tax Year  2a						
a h	Total acreage restricted by conservation easements		2b						
b	Number of conservation easements on a certified historic stru	icture included in (a)	2c -						
-d	Number of conservation easements included in (c) acquired a								
٠.	listed in the National Register	into or trives, and not on a motorio stractar.	2d						
3									
_	year								
4	Number of states where property subject to conservation eas	sement is located >							
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it	holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year						
	<b></b>								
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year						
	<b>S</b>								
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h							
_	and section 170(h)(4)(B)(ii)?		Yes No						
9	In Part XIII, describe how the organization reports conservation								
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for								
Pai	conservation easements  t III   Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	er Similar Assets						
	Complete if the organization answered "Yes" on Form								
	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	ent and balance sheet works of art.						
	• • •	•	·						
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.								
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, ec	• •							
	relating to these items:	·	· · · · · · · · · · · · · · · · · · ·						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$						
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial							
	the following amounts required to be reported under SFAS 13	16 (ASC 958) relating to these items.							
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
b	Assets included in Form 990, Part X		<b>▶</b> \$						
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2016						

		THE CHILD								Page 2
Par		ollections of Ar	t, Hist	orical Tre	asures, o	r Othe				
3	Using the organization's acquisition, accessing	on, and other record	s, check	k any of the	following tha	t are a si	gnıficant u	se of its c	ollection i	tems
	(check all that apply)									
а	Public exhibition	C	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	€	• 🗀	Other	<u></u> -					
С	c Preservation for future generations									
4										
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical treas	sures, or oth	er sımılaı	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes	No_
₃Par	TIV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" or	Form 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other as	sets not	ıncluded		_	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table <sup>.</sup>						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	e Distributions during the year									
f	f Ending balance									
2a									No	
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line	10			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance		Ĺ							
b	Contributions									
С	c Net investment earnings, gains, and losses									
d	Grants or scholarships									
- е	Other expenditures for facilities	-			_		ı		ĺ	
	and programs		<u> </u>							
f	Administrative expenses									
g	End of year balance				l				İ	
2										
а										
b	Permanent endowment	%								
c										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by Yes No									
	(i) unrelated organizations 3a(i)									
	(ii) related organizations									
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  3b									
4_	4 Describe in Part XIII the intended uses of the organization's endowment funds									
Par	t VI 🚁 Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part I\	/, line 11a S	ee Form 990	), Part X,	line 10			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation			
1a	Land					, <u>, , , , , , , , , , , , , , , , , , </u>		37		
b	Buildings .									
c	Leasehold improvements			<u> </u>						
ď	Equipment				2,000.		2,00	00.		0.
<u>e</u>	Other									
Total	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X colun	nn (R) line 1	Oc.)					0.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

	dule D (Form 990) 2016 EDUCATE THE CHILDREN, INC		16-1383981 Page
Pa	TXI, Reconciliation of Revenue per Audited Financial Stater	ments With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		<del></del>
		<sub>2a</sub>	
a	Net unrealized gains (losses) on investments		<del></del>
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	<u> </u>
d	Other (Describe in Part XIII )	_2d	^
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Ÿ
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	•		
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		÷ 🐉
	Donated services and use of facilities	2a	
a			
b	Prior year adjustments	2b	, 🐰
С	Other losses	2c	
d	Other (Describe in Part XIII )	_2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		25.
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a	•	4b	
b	Other (Describe in Part XIII )	_40	
С			·   4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  TXIII Supplemental Information.		5
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)	Part IV, lines 1b and 2b, Par	5
<b>Pa</b> Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  TXIII Supplemental Information.	·	5
<b>Pa</b> Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	·	5
<b>Pa</b> Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	·	5
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<b>Pa</b> Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	·	5
<b>Pa</b> Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	·	5
<b>Pa</b> Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) rt XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	·	5

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

2016
Open to Public shippection

Name of the organization

Employer identification number

EDU	CATE THE CHI	LDREN. IN	vc.			16-138398	31
Par		mation on A	ctivities Out	side the United States. Comple	ete if the organ		
	Form 990, Part IV						
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other	assistance,	) <del>[]</del>
	the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes X No
2	For grantmakers. Desc United States	ribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and ot	her assistance outs	side the
_3_	Activities per Region (Tr	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded)		<del></del>
	(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, pro- gram services, investments, grants to recipients located in the region)	ıs a pro describe	vity listed in (d) gram service, e specific type e(s) in the region	(f) Total expenditures for and investments in the region
							ļ
-						-	-
	<del></del>						
						1	
	Sub-total Total from continuation sheets to Part I	0	0				0.
c	Totals (add lines 3a and 3b)	0	0		9, 20		ž 0.
LHA	For Paperwork Reduct	tion Act Notice,	see the instruc	tions for Form 990.		Schedule F	(Form 990) 2016

632071 09-21-16

INC. EDUCATE THE CHILDREN,

16-1383981

Page 2

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 Schedule F (Form 990) 2016

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant EDUCATIONAL OPPORTUNITIES, SKILLS	(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)
	polythe security of in	NEPAL	KINDERGARTEN	269,181.	WIRE TRANSFERS	0.		
				-				
	· 1/2/4/2			-	-			
			;					
			·					
							,	
2 Enter total number of	recipient organization	s listed above that are r	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country, r	recognized as tax-exe	empt by		

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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41)	•		•				-	•			
Page 3		(h) Method of valuation (book, FMV, appraisal, other)						9 (			Schedule F (Form 990) 2016
	IV, line 16	(g) Description of noncash assistance									Sched
16-1383981	n Form 990, Part	(f) Amount of noncash assistance									
16	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed	(e) Manner of cash disbursement	_	-	-	,	-	-	-	-	
INC.	es. Complete if th	(d) Amount of cash grant									]  -  - 
HILDREN,	the United Stat	(c) Number of recipients									
EDUCATE THE CHILDREN,	e to Individuals Outside Iditional space is needed	(b) Region									
Schedule F (Form 990) 2016 <b>E</b> .	Part III Grants and Other Assistance to Individuals Outside Part III can be dublicated if additional space is needed	(a) Type of grant or assistance									

632073 09-21-16

Schedule F (Form 990) 2016

Yes X No

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

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

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

Employer identification number

EDUCATE THE CHILDREN, INC.	16-1383981
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
SELF-SUFFICIENCY BY BUILDING SKILLS THAT FAMILIES CAN PASS	DOWN TO
LATER GENERATIONS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE BEFORE	BEING SUBMITTED
TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
SELF MONITORING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST.
FORM 990, PAGE 12, PART XII, LINE 2C	
THE PROCESS FOR REVIEW OVERSIGHT AND AUDITOR SELECTION HAS	
FROM THE PRIOR YEAR.	
	· · · · · · · · · · · · · · · · · · ·

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

Schedule O (Form 990 or 990-EZ) (2016)