(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a	senarate	application	for each	n return
гие а	Separate	application	IOI eaci	i return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	r identificatio	on number (TIN)
print					16-13	83981
File by the due date for filing your PO BOX 414						
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ITHACA, NY 14851						
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)			
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990)-T (trust other than above) LISA ANNE LYON	06	Form 8870			12
 If this box 1 I re the 	organization does not have an office or place of business is for a Group Return, enter the organization's four digit 	Group Exe and atta MAX anization's , an	mption Number (GEN), I ch a list with the names and TINs of <u>Z 16, 2022</u> , to file return for: d ending JUN 30, 2021	f this is fo all memb	r the whole (ers the exter npt organiza	group, check this
an	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions.			3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				•		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b				0.		
	lance due. Subtract line 3b from line 3a. Include your pa	•				0
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
	If you are going to make an electronic funds withdrawal				\$ d Form 8879	9-EO for paym

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

023841 04-01-20

For 9900 Determine of Crganization Excempt From Income Tax Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Point Line Chare of organization Ull 1, 2020 and ending JUIN 30, 2021 Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers on this form as it may be made public. Determine of the social society numbers of the social society numbers of the social society numbers of the social form. Determine of the social society numbers of the social society numbers of the social form. If the social society numbers of the social number of numbers. Determine of the social society numbers of the social number of the social number of numbers. Determine of the social number of numbers. Number of the social numbers of				EXTENDED TO MAY 16, 2022			
Form SUU Under section 501(c), 527, or 4947(q)1) of the Internal Revenue Code (except private foundations) Description Description <td colspan="7">Beturn of Organization Exempt From Income Tax</td>	Beturn of Organization Exempt From Income Tax						
Descritement ▲ Go to www.krs.gov/Form800 for instructions and the latest information. Unspection A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021 B const. CName of organization D Employer identification number Within EDUCATE THE CHILDREN, INC. 16-1383981 Within Number and thread (or P0, box if mail is not delivered to street address) Room/suite E Teephone number (607) 272-1176 Origo business as 101 JUN 1000000000000000000000000000000000000	For	n 9	90		ons)	2020	
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B Net unrelated business taxable income from Form 990-T, Part I, line 11 I7b 0. B Contributions and grants (Part VIII, line 1h) 293, 316. 268, 907. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8, 115. 1, 887. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 301, 431. 270, 794. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 213, 174. 162, 386. 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 51, 508. 51, 695. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 38, 961. 15, 104. 17, 338. 18 Total fundraising expenses (Part IX, column (A), line 12 21, 645. 39, 375. 19 Revenue less expenses. Subtract line 18 from line 12 214, 645. 39, 375. 19 Revenue less expenses. Subtract line 21 from line 20 232, 631. 272, 054. 1, 885. 4.8. 232, 631. 272, 006. 19 Revenue less ex or fund balances. Subtract line 21 from line 20 232, 631. 272, 006.	itie				6	25	
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8 Contributions and grants (Part VIII, line 1h) 293,316. 268,907. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,115. 1,887. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 2113,174. 162,386. 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 2113,174. 162,386. 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 51,508. 51,695. 16a Professional fundraising fees (Part IX, column (A), line 25) 38,961. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 38,961. 15,104. 17,338. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 279,786. 231,419. 19 Revenue less expenses. Subtract line 18 from line 12 214,645. 39,375. 19 Revenue less expenses. Subtract line 21 from line 20 234,516. 272,054. 21 Total assets (Part X, line 16) 234,516.	4				'b	0.	
9 Program service revenue (Part VIII, line 2g) 0.0.0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0.0.0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8, 115.1.4887. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 301, 431.270, 794. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 213, 174.162, 386. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0.0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 51, 508.51, 695. 16a Professional fundraising fees (Part IX, column (D), line 25) 38, 961. 17 Other expenses (Part IX, column (D), line 25) 38, 961. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 279, 786.231, 419. 19 Revenue less expenses. Subtract line 18 from line 12 21, 645.39, 375. 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 234, 516.272, 054. 21 Total liabilities (Part X, line 26) 1, 885.488. 22 Net assets or fund balances. Subtract line 21 from line 20 <						Current Year	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0, 113. 1, 887. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 301, 431. 270, 794. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 213, 174. 162, 386. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 51, 508. 51, 695. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 38, 961. 15, 104. 17, 338. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15, 104. 17, 338. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 279, 786. 231, 419. 19 Revenue less expenses. Subtract line 18 from line 12 234, 516. 272, 054. 21 Total iassets (Part X, line 16) 1, 885. 48. 22 Net assets or fund balances. Subtract line 21 from line 20 232, 631. 272, 006. Part II Signatu	đ	8	Contributions	and grants (Part VIII, line 1h) 293, 316		268,907.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0, 113. 1, 887. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 301, 431. 270, 794. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 213, 174. 162, 386. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 51, 508. 51, 695. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 38, 961. 15, 104. 17, 338. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15, 104. 17, 338. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 279, 786. 231, 419. 19 Revenue less expenses. Subtract line 18 from line 12 234, 516. 272, 054. 21 Total iassets (Part X, line 16) 1, 885. 48. 22 Net assets or fund balances. Subtract line 21 from line 20 232, 631. 272, 006. Part II Signatu	nue	9	Program servi			0.	
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14 Benefits paid to or for members (Part IX, column (A), line 4) 0.000 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 51,508.51,695.000 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.000 b Total fundraising expenses (Part IX, column (D), line 25) 38,961. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,104.17,338. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 279,786.231,419. 19 Revenue less expenses. Subtract line 18 from line 12 21,645.39,375. 10 Total assets (Part X, line 16) 234,516.272,054. 21 Total liabilities (Part X, line 26) 1,885.48. 22 Net assets or fund balances. Subtract line 21 from line 20 232,631.272,006. Part II Signature Block 272,006.		12	Total revenue				
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 38,961. 15,104. 17,338. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,104. 17,338. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 279,786. 231,419. 19 Revenue less expenses. Subtract line 18 from line 12 21,645. 39,375. 19 Revenue less expenses. Cart X, line 16) 234,516. 272,054. 21 Total liabilities (Part X, line 26) 1,885. 48. 22 Net assets or fund balances. Subtract line 21 from line 20 232,631. 272,006. Part II Signature Block 2172,006.		14	Benefits paid				
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19Revenue less expenses. Subtract line 18 from line 1221,645.39,375.58Beginning of Current YearEnd of Year20Total assets (Part X, line 16)234,516.272,054.21Total liabilities (Part X, line 26)1,885.48.22Net assets or fund balances. Subtract line 21 from line 20232,631.272,006.Part IISignature Block139,375.	Û	17	Other expens				
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Part II Signature Block			Revenue less	expenses. Subtract line 18 from line 12	•	<u>39,375.</u>	
Part II Signature Block	102						
Part II Signature Block	Sets	20					
Part II Signature Block	at As	21					
						272,006.	
	Pa	art II	Signatur				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	X 31 Jan 2022 Date			
Here	ELISABETH PRENTICE, PRESIDENT Type or print name and title				
Paid	Print/Type preparer's name Preparer's signature DUANE SHOEN	Date Check PTIN 01/14/2022 ^{if} self-employed P00503316			
Preparer	Firm's name INSERO & CO. CPAS, LLP	Firm's EIN 🕨 47-5324570			
Use Only	Firm's address 20 THORNWOOD DRIVE				
	ITHACA, NY 14850	Phone no. (607) 272-4444			
May the IRS discuss this return with the preparer shown above? See instructions X Yes No					
032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2020) EDUCATE THI	E CHILDREN, INC.	16-1	.383981 Page 2
Par	t III Statement of Program Service	•		
	Check if Schedule O contains a response	or note to any line in this Part III		
1	Briefly describe the organization's mission: EDUCATE THE CHILDREN WOF	VC WITHU WOMEN AND	CUTIDEN IN NEDAL	
	HEALTH, WELFARE AND SELF			
	CAN PASS DOWN TO LATER O		STILLING SKILLS IIKI	PAMIDIED
2	Did the organization undertake any significant p	program services during the year w	hich were not listed on the	
				Yes X No
	If "Yes," describe these new services on Sched			
3	Did the organization cease conducting, or make		ducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule (Э.		
4	Describe the organization's program service ac			
	Section 501(c)(3) and 501(c)(4) organizations ar		grants and allocations to others, the tot	al expenses, and
	revenue, if any, for each program service report	ied.	162,386.) (Revenue \$	1 0 0 7
4a	(Code:) (Expenses \$ 180 EDUCATIONAL OPPORTUNITIE	<u>, 995</u> including grants of \$	<u>162,386.</u>) (Revenue \$	(1,88/.)
	TEACHER TRAINING, AND AG			RAMS,
	IEACHER IRAINING, AND AG	KICOLIOKAL DEVELO	PMENI.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule	O.)		
		ng grants of \$) (Revenue \$)
4e	Total program service expenses	180,995.		Form 990 (2020)
00000-	10.00.00			Form ອອບ (2020)
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Form	aan	(2020)	
FUIII	990	(2020)	

EDUCATE THE CHILDREN, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		v
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? <i>If "Yes," complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5		5		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	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	Х	
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		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a		14a		X
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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
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 West is same left of the set o	15	х	
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	Δ	
16		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 23
10		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	.0		
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		056		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
~=	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	
032004	12-23-20	Form	990	(2020)
	4			

Form	<u>990 (2020)</u> EDUCATE THE CHILDREN, INC. 16-1383	<u>981</u>	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	•		
С	Enter the amount of reserves on hand			
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	X

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If "Yes," complete Form 4720, Schedule O.

	Form	990	(2020)
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EDUCATE THE CHILDREN, INC.

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X

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	13		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
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?			x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			<u> </u>
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15		
		0-	x	
a	The governing body?	<u>8a</u>	X	
	Each committee with authority to act on behalf of the governing body?	<u>8b</u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
200	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
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?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers or key employees of the organization			x
	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		X
h	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?	16b		
Sec	tion C. Disclosure		1	I
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501)	(c)(3)c col.	availa	blo
18		USS ONLY	avalla	uie
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	LISA ANNE LYONS - 607-272-1176			
20	LISA ANNE LYONS - 607-272-1176 21 BEAN HILL LANE, ITHACA, NY 14850			
		Forr	n 990	(202

Form 9	90 (2020
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	Part VII	Со	mpensati	on of Officers	, Directors	, Trustees,	, Key Employees	, Highest	Compensa	ted
Ì		Em	nployees,	and Independ	lent Contra	ctors				

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	(list any hours for bound of the bound of th		organizations	compensation from the organization and related organizations					
(1) LISA ANNE LYONS	20.00									0
EXECUTIVE DIRECTOR	1 0 0			Х				27,948.	0.	0.
(2) ELISABETH PRENTICE	1.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(3) MELVIN GOLDMAN	1.00									
VICE PRESIDENT	1 0 0	Х		Х				0.	0.	0.
(4) JAMES JOHNSTON	1.00									<u> </u>
TREASURER	1 0 0	Х		Χ				0.	0.	0.
(5) BARBARA BUTTERWORTH	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(6) PETER FRITTS	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(7) MICHAEL ESPOSITO	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(8) SUSANNA PEARCE DIRECTOR	1.00	x						0.	0.	0
(9) BONNIE CHOLLET	1.00	<u> </u>				-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) ELICIA CARMICHAEL	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) DAVID HOHL	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) MARGARET SHACKELL	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(13) JANANI THAPA	1.00									J .
DIRECTOR		x						0.	0.	0.
(14) ELIZA PRAGER	1.00	- -								3 •
DIRECTOR		x						0.	0.	0.
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Form 990 (2020)

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	E THE CHII	'DR	EN	,	IN	IC.			16-13	<u>8398</u>	31	Page 8
Part VII Section A. Officers, Directors, T	rustees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	(do box,	not cl	(C Pos heck i ss per	C) ition more rson is		one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of
	(list any hours for related organizations below line)	hours for related statut for the sta			organizations (W-2/1099-MISC	C)	from from organiz and rel organiza	the ation ated				
										_		
1b Subtotal								27,948.		0.		0.
c Total from continuation sheets to Par	t VII, Section A							0.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including b							o re			0.		
compensation from the organization											Ye	0 s No
3 Did the organization list any former offi				•	-						2	X
line 1a? <i>If</i> "Yes," <i>complete Schedule J f</i> 4 For any individual listed on line 1a, is th	e sum of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization		3	
and related organizations greater than \$5 Did any person listed on line 1a receive											4	X
rendered to the organization? <i>If</i> "Yes," or Section B. Independent Contractors	complete Schedule	<u>ə J f</u>	or su	ich <u>r</u>	oers	on .					5	X
1 Complete this table for your five highest	-	-								nsatio	n from	
the organization. Report compensation (A)								(B)			(C)	
Name and busin	ess address	NC	ONE	5				Description of s	ervices	Con	npensat	
• Total number of index or deal and	vo (in objective states)			1+- '	+ la -				we then			
2 Total number of independent contracto \$100,000 of compensation from the org		יווח	nteo	1 (0 1			rea	abovej who received mo	ภาษ เกลก			
										Fc	orm 990) (2020)

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	n 990 (i		HE C	CHILDREN,	INC.		16-1383	981 Page 9
Pa	rt VII	Statement of Revenue						
		Check if Schedule O contains a re	esponse	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
nts	1 a		1a					
Gra	b		1b					
An An	с.	······	1c					
ni Git	a		1d					
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) All other contributions, gifts, grants, and	1e					
utio			1f	268,907.				
0 <u>t</u> l	a		1g \$	200,20,0				
Con	b b	Total. Add lines 1a-1f			268,907.			
<u> </u>				Business Code				
e	2 a							
Program Service Revenue	b							
Sei	с							
am	d							
ogr B	е							
Ъ	f	All other program service revenue						
_	g	Total. Add lines 2a-2f				1		
	3	Investment income (including dividend						
		other similar amounts)						
	4	Income from investment of tax-exemp						
	5	Royalties	Real	(ii) Personal				
	6 -		neal	(II) Personal				
		Gross rents 6a Less: rental expenses 6b						
	b c	Less: rental expenses 6b Rental income or (loss) 6c						
		· · · · · · · · · · · · · · · · · · ·						
			curities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
е		and sales expenses						
venue	с	Gain or (loss)						
	d	Net gain or (loss)	·····	🕨				
Other Re	8 a	Gross income from fundraising events (no						
ð		including \$						
		contributions reported on line 1c). See						
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising Gross income from gaming activities.						
	Ja	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming activ		· · · · · · · · · · · · · · · · · · ·				
		Gross sales of inventory, less returns						
		and allowances	10	а				
	b	Less: cost of goods sold		b				
		Net income or (loss) from sales of inve						
s				Business Code				
e	11 a	PAYCHECK PROTECTION	RE	900099	1,885.	1,885.		
lane enu	b	OTHER REVENUE		900099	2.	2.		
Miscellaneous Revenue	С							
Mis	d	All other revenue			1 0 0 7			
		Total. Add lines 11a-11d			1,887. 270,794.	1,887.	0.	0.
	12 9 12-23-	Total revenue. See instructions			2/0,/94.	1,007.		Form 990 (2020)

EDUCATE THE CHILDREN, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	162 206	162 206		
	individuals. See Part IV, lines 15 and 16	162,386.	162,386.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	27 049	7 267	4 751	15 020
	trustees, and key employees	27,948.	7,267.	4,751.	15,930
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	19,128.	1 072	2 252	10 002
7	Other salaries and wages	19,120.	4,973.	3,252.	10,903
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	762.	198.	130.	434
9	Other employee benefits	3,857.	1,003.	655.	2,199
10	Payroll taxes	5,05/.	±,003.		۷,199
11	Fees for services (nonemployees):				
	Management				
b	F	7,973.	2,073.	1,356.	4,544
	F	1,913.	2,073.	I,330.	4,544
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		554.	144.	94.	316
40	column (A) amount, list line 11g expenses on Sch O.)	103.	27.	17.	50
12	Advertising and promotion	6,742.	2,413.	873.	3,456
13	Office expenses	21.	5.	4.	12
14	Information technology	<u>ک</u> ۲•	J.	±•	120
15	Royalties				
16					
17	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
10	· · · · · · · · · · · · · · · · · · ·				
19 20	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22 23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	DUES AND SUBSCRIPTIONS	1,870.	486.	318.	1,066
b	FILING FEES	75.	20.	13.	42
c		/31	201		12
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	231,419.	180,995.	11,463.	38,961
26	Joint costs. Complete this line only if the organization	,,		,	
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2020)

Form 990 (2020)

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			234,203.	1	271,741.
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or				-	
		trustee, key employee, creator or founder, subst		· ·			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	•				
		under section 4958(f)(1)), and persons described	•	`		6	
<i>"</i>	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
Ass	9				313.	9	313
		Land, buildings, and equipment: cost or other			0101		010
	104	basis. Complete Part VI of Schedule D	100	2,000.			
	h		1 1	2,000.	0.	10c	0
			·		0.	11	0
	11	Investments - publicly traded securities		I			
	12	Investments - other securities. See Part IV, line 1		Г		12	
	13	Investments - program-related. See Part IV, line		·····		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			234,516.	15	272,054
	16	Total assets. Add lines 1 through 15 (must equa			254,510.	16	48
	17	Accounts payable and accrued expenses				17	40
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst		ibutor, or 35%			
lat		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela			1 005	23	
	24	Unsecured notes and loans payable to unrelated		Г	1,885.	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	i 17-24). Co	mplete Part X			
		of Schedule D			1 005	25	4.0
	26	Total liabilities. Add lines 17 through 25			1,885.	26	48
ő		Organizations that follow FASB ASC 958, che	ck here 🕨	× X			
S		and complete lines 27, 28, 32, and 33.			000 101		070 000
alar	27			······	223,131.	27	272,006
Ä	28	Net assets with donor restrictions			9,500.	28	0
n		Organizations that do not follow FASB ASC 9	58, check	nere 🕨 🗌 🛛			
Ē		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or ec	luipment fu	nd		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		Г		31	
Net	32	Total net assets or fund balances			232,631.	32	272,006
	33	Total liabilities and net assets/fund balances		I	234,516.	33	272,054.

EDUCATE THE CHILDREN, INC. 16-1383981 Page 11 Part X Balance Sheet

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

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VIII, column (A), line 12) 2 2 Total expenses (must equal Part X, column (A), line 25) 2 231, 419. 2 Cotal expenses (must equal Part X, column (A), line 25) 3 39, 375. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 232, 631. 5 Net unrealized gains (losses) on investments 5 6 6 6 Donated exvices and use of facilities 7 8 7 Investment expenses 7 8 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 272,006. Part XII Financial Statements and Reporting X X Yes 1 Accounting method used to prepare the Form 990: Cash Accrual Other Z Z Z X 1 Accounting method used to prepare the Form 990: </th <th>Form</th> <th>1990 (2020) EDUCATE THE CHILDREN, INC.</th> <th>16-13</th> <th>83981</th> <th>Pag</th> <th>_{ge} 12</th>	Form	1990 (2020) EDUCATE THE CHILDREN, INC.	16-13	83981	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 270,794. 2 Total expenses (must equal Part IX, column (A), line 25) 2 231, 419. 3 Revenue less expenses. Subtract line 2 from line 1 3 39, 375. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 232, 631. 5 5 6 6 6 7 7 8 6 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 272,006. Part XII Financial Statements and Reporting X X 1 272,006. Part XII Financial Statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Yes<	Pa	rt XI Reconciliation of Net Assets				
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		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2020)

032012 12-23-20

SCHEDU	JLE A
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Т

Name of the organization

Nam	ne of t	he organization							identification number
		EDUC	ATE THE CH	ILDREN, INC.				1	6-1383981
Pa	rtI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a							_
12		An organization organized a	-	•				•	
		more publicly supported or	-						Sheck the box in
_		lines 12a through 12d that						-	
а		Type I. A supporting orga		-	•	-			
		the supported organization			majonty o	or the direc	cors or truste	es or the st	ipporting
h		organization. You must c Type II. A supporting org	-		ion with it	e cupporto	d organizatio	n(c) by boy	ing
b		control or management o	-				-		•
		organization(s). You mus			ane perso	113 11121 00		je trie supp	Jonted
с		Type III functionally inte	-		in connect	tion with	and functional	lv integrate	ed with
Ŭ		its supported organization						ly integrate	, with,
d] Type III non-functionally						ted organiz	ration(s)
		that is not functionally int						-	
		requirement (see instructi	•	° ,	2		•		
е		Check this box if the orga						II. Type III	
		functionally integrated, or					JI / JI	<i>,</i> ,	
f	Ente	er the number of supported o							
g		vide the following information	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Toto									
Tota							1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 EDUCATE THE CHILDREN, INC. Part II

16-1383981 Page 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	281,547.	306,560.	271,824.	293,316.	268,907.	1422154.
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	281,547.	306,560.	271,824.	293,316.	268,907.	1422154.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						430,373.
6	Public support. Subtract line 5 from line 4.						991,781.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	281,547.	306,560.	271,824.	293,316.	268,907.	1422154.
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.)				8,115.	1,887.	10,002.
11	Total support. Add lines 7 through 10						<u>10,002.</u> 1432156.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	L
	First 5 years. If the Form 990 is for th						
	organization, check this box and sto	-		-			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	69.25 %
	Public support percentage from 2019		-			15	88.90 %
	33 1/3% support test - 2020. If the					ore, check this bo	
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2019. If the o		-				
	and stop here. The organization qual	-				, 	
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	•	•	,	•	7a. and line 15 is '	10% or
~	more, and if the organization meets th	0				-	.,= =-
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
				,,,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	in a second second in 540						
л	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
5	The value of services or facilities						
5	furnished by a governmental unit to						
6							
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	ation,
	check this box and stop here	~			-		
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
-	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2019. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	6, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organizatio	on ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
0320	23 01-25-21				Sch	edule A (Form 9	990 or 990-EZ) 2020
			15				

1

2

3a

Yes No

Part IV Supporting Organizations

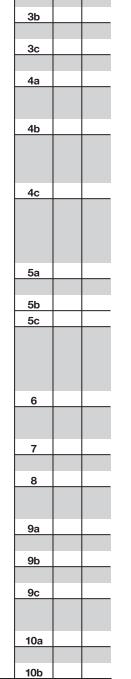
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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.)

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Schedule A (Form 990 or 990-EZ) 2020

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Sche	edule A (Form 990 or 990-EZ) 2020 EDUCATE THE CHILDREN, INC.	<u>16-138398</u>	<u>81 р</u>	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		<u> </u>
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	_{detail in} Part VI. tion B. Type I Supporting Organizations	11c		
000				
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	icers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions)		
'a	The organization satisfied the Activities Test. Complete line 2 below.	astionoji		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instructio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Ves " then in Part VI identify			

- sp If "Yes," then in rga those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,
- one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 032025 01-25-21

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Schedule A (Form 990 or 990-EZ) 2020 EDUCATE THE CHILDREN, INC.	16-1383981 _F	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970	(explain in Part VI). See instruct	ions.
All other Type III non-functionally integrated supporting organizations must complete Sections A thr	ough E.	

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrate	ed Type III supporting orga	inization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2020

Dort V	Type III Nen Eupetic	nally Intoar	stad 5	$\Omega(a)(2)$ Suppor	ting O
Schedule A	(Form 990 or 990-EZ) 2020	EDUCATE	THE	CHILDREN,	INC

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	s	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e					

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020 EDU	JCATE THE C	HILDREN,	INC.	16-1383981 Page 8
Part VI	Supplemental Informatio Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	n. Provide the expla 3c, 4b, 4c, 5a, 6, 9a, and 3; Part IV, Sectio	nations required 9b, 9c, 11a, 11b n E, lines 1c, 2a	by Part II, line 10; Par , and 11c; Part IV, Sec , 2b, 3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and (See instructions.)	Part V, Section E, line	es 2, 5, and 6. Al	so complete this part f	or any additional information.
032028 01-25-	21				Schedule A (Form 990 or 990-EZ) 2020
			20		-

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

EL	DUCATE THE CHILDREN, INC.	16-1383981
Organization type (check o	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Chaoly if your exception i	a source of but the Connect Dule or a Special Dule	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

EDUCATE THE CHILDREN, INC.

16-1383981

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>25,850.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVENUE SOUTH - SUITE 800 MINNEAPOLIS, MN 55401	\$ <u>56,415.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GLOBAL GIVING FOUNDATION 1023 15TH STREET WASHINGTON, DC 20005	\$52,114.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FULLERTON FAMILY FOUNDATION 5 HAMILTON LANDING- SUITE 200 NOVATO, CA 94949	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BRIDGEWAY CAPITAL MANAGEMENT 20 GREENWAY PLAZA, SUITE 450 HOUSTON, TX 77046	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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Employer identification number

EDUCATE THE CHILDREN, INC.

16-1383981

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$7,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MUTUAL OF AMERICA CORPORATE SERVICES 320 PARK AVE NEW YORK, NY 10022	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	NAMASTE FOUNDATION 9704 W. RAINTREE DRIVE COLUMBUS, IN 47201	\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>	TOGETHER WOMEN RISE PO BOX 25633 GREENVILLE, SC 29616	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$ Schedule B (Form	Person Payroll Payroll Occupient Part II for noncash contributions.)

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Name of organization

Employer identification number

16-1383981

EDUCATE THE CHILDREN, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Page **4**

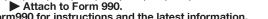
lame of orga	nization		Employer identification number
	THE CHILDREN, INC.		16-1383981
1	from any one contributor. Complete columns (a)) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	(e) Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
3454 11-25-20			Schedule B (Form 990, 990-EZ, or 990-PF) (20)

16340113 769695 5045

Department of the Treasury

90)

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. Go to www.irs.gov/Form990 for instructions and the latest information.





Internal Revenue Service Name of the organization

EDUCATE THE CHILDREN, INC.

Employer identification number
16-1383981

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor	advised fund	ds		
	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 a					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other pur	pose conferr	ing		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form	990, Part IV,	, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) 🛛 🗌 Preserva	tion of a histo	prically important land area		
	Protection of natural habitat	Preserva	tion of a certi	ified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the	form of a co	nservation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				2b		
С	Number of conservation easements on a certified historic stru-			2c		
d	Number of conservation easements included in (c) acquired a					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated	by the organi	ization during the tax		
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
•	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing	g conservatio	on easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforcing oor	oon ation oo	comonto during the year		
'	S	ing of violations, and enforcing cor	ISEI VALIOIT EA	sements during the year		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section	n 170(h)(4)(B)	(i)		
Ŭ	and section 170(h)(4)(B)(ii)?	, .				
9	In Part XIII, describe how the organization reports conservation					
•	balance sheet, and include, if applicable, the text of the footr					
	organization's accounting for conservation easements.	5				
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	or Other S	imilar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stater	nent and bala	ance sheet works		
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or researc	h in furtherar	nce of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes thes	e items.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement	and balance	e sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research i	n furtherance	e of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treater		nancial gain, I	provide		
	the following amounts required to be reported under FASB A	-				
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2020		
032051	12-01-20					

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Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Similar	r Assets	(continu	ued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	c			hange progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how the	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	r similar a	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered ""	Yes" on	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia								7.4	—
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	able:						
	5								Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								Yes	No
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.						.y :	∟		
Par							0			
		(a) Current year		rior year	(c) Two years			ears hack	(e) Four	vears back
1 a	Beginning of year balance	(u) ourient you		nor your						youro buok
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a	ı. column (a)) held as:	I				
	Board designated or quasi-endowment	-	%	,,	,,,					
	Permanent endowment									
		<u> </u>								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	ation that	t are held ar	nd administere	ed for the	e organiza	ation		
	by:	-					-		· · · · ·	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or c basis (investr		. ,	t or other (other)	. ,	cumulate preciation	ed	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment				2,000.		2,00	.00		0.
-	Other									
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	<u>X, colum</u>	nn (B), line 1	0c.)	<u></u>				0.
								O - II- I-	D / E	0001 0000

Schedule D (Form 990) 2020

032052 12-01-20

EDUCATE THE CHILDREN, INC. Schedule D (Form 990) 2020 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990. Part X. col. (B) line 15.)	
Part X	olumn (b) must equal Form 990. Part X. col. (B) line 15.) Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) F	ederal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tatal (a	olumn (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 EDUCATE THE CHILDREN,	INC.	16-1383981 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part I	V, 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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	
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	e <u>12.)</u>	
Pa	t XII Reconciliation of Expenses per Audited Financial		ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 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:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line)	ne 18.)	
Pai	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

(Form 399) A table to Form 990. A table to Form 990. Complete if the organization answered "Yes" on Form 990. Part IV, line 14b, 15, or 18. Complete if the organization Employer identification number In the the organization Employer identification number Direct Public Pub	SC	HEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ites —	OMB No. 1545-0047
Basement of the lease's based of the service of th	(Form 990)							2020
be to unwains gravity shares be to unwains, gou/Form990 for instructions and the latest information Improve identification Employer identification number Direction Form 990, Path U, line 14a For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance outside the United States. For grantmakers. Does the organization is procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (a) Region (b) Number of (c) Numbe		-	P Complete i	and of gamzation			·	
BUDCATE THE CHILDREN, INC. 16-1383981 Part1 General Information on Activities Outside the United States. Complete if the organization answered Yes' on Form 390, Part N, line 14b, Yee For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, 'model or a substantiate the amount of its grants and other assistance outside the United States. Yee Image: Non-State State			► Go to	www.irs.gov/Fo		information.		spection
Part II General Information on Activities Outside the United States. Complete it the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance?	Nam	ne of the organization					Employer ider	ntification number
Form 990, Part V, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance	ED	UCATE THE CH	ILDREN, I	NC.			16-1383	981
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantese' eligibility for the grant assistance, and the selection ortheria used to award the grants or assistance? Image: Transmission of the selection ortheria used to award the grants or assistance outside the united States. 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the united States. (a) Region (b) Number of (c) of the organization's procedures for monitoring the use of its grants and other assistance outside the united States. 3 Activities per Region, (The following Part I, line 3 table can be duplicated if anditional space is needed.) (b) If a duplicated in the region (c) duplicated in the region (c) d	Ра	rt I General Inf	ormation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered	l "Yes" on
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?		Form 990, Par	t IV, line 14b.					
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed). (e) Region (b) Number of a dispondent or optimized is a state of the region	1	-	-		-		· -	
United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (a) Number of engents, and outriactors in the region (a) Activities conducted in the region, by type) (such as, fundraising, pro- ordinactors are in merices, investor, investor, investor, investor, investor, investor, investor, investor, inves		the grantees' eligibility	y for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes X No
3 Activities per Region. (The following Part, line 3 table can be duplicated if additional space is needed.). (a) Region (b) Number of or and imployees in the region of additional space is needed.). (c) If activity listed in (d) is a program service, describe specific type or and services, investments, grants to or and investments in the region of the region or additional space is needed.). (c) Attributed in the region or additional space is needed.) (c) If activity listed in (d) is a program service, describe specific type or additional space is needed.) (c) Attributed is a program service, or additional space is needed.) (c) Attributed is a program service, or additional space is needed.) (c) Attributed is a program service, or additional space is needed.) (c) Attributed is a program service, or additional space is needed.) (c) Attributed is a program service, or additional space is needed.) (c) Attributed is a program service, or additional space is needed.) (c) Attributed is a program service, or additional space is needed.) (c) Attributed is a program service, or additional space is needed.) (c) Attributed is a program service, or additional space is needed.) (c) Attributed is a program service, in a service, investments grants to is service(s) in the region is service attributed is additional space is needed.) (c) Attributed is additional space is needed.) (c) Attributed is needed.) (c) Attributed is additional space is needed.) (c) Attributed is needed.) (c) Attributed is needed.) (c) Attributed is additional spac	2		scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance o	utside the
(a) Region (b) Number of offices in the region (c) Number of employees agents, and compared the compared to recipients located in the region (a) Hactivity listed in (c) is a program service, describe specific type of service(s) in the region (f) Total expenditures for and investments, grants to recipients located in the region Image: Ima	2		(The following Part	l line 3 table ca	n he duplicated if additional space is n	opdod)		
offices in the region employees aperixs, and contractors in the region by type (such as, fundraising, pro- describe specific type of service(s) in the region is a program service, describe specific type of service(s) in the region expenditures in the region Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) expenditures in the region Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image: Service (s) Image:				1			vitv listed in (d)	(f) Total
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

OMB No. 1545-0047

Schedule F (Form 990) 2020	0 EDUCATE	TE THE CHILDREN,	REN, INC.		16-1383981	83981		Page 2
Part II Grants and Oth recipient who re	ner Assistance to Or ç sceived more than \$5,	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	the United States. additional space is n	complete if the or ded.	rganization answerec	"Yes" on Form 9	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any eeded.	any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	EDUCATIONAL OPPORTUNITIES, SKILLS TRAINING, KINDERGARTEN	162,386.	WIRE TRANSFERS	.0		
2 Enter total number of exempt 501(c)(3) orga	f recipient organizatio. anization by the IRS, c	ns listed above that are or for which the grantee	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, i ion 501(c)(3) equ	recognized as a tax uivalency letter			
3 Enter total number of	Enter total number of other organizations or entities	or entities					Cchad	Schedule E (Earm 000) 2020
	מהק האהת זו	CER DARK IC COR II MAKE	SNOTMETEDSEC (C)	T			סמוופת	UIE F (FUIIII 33U) 2UZV

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2020
	IV, line 16.	(g) Description of noncash assistance					Schedt
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	(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) 2020 E	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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

Schedule F (Form 990) 2020

Part V	Supplemental	Information	1		
Schedule F	(Form 990) 2020	EDUCATE	THE	CHILDREN,	INC.

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (D):

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: EDUCATIONAL OPPORTUNITIES, SKILLS TRAINING,

KINDERGARTEN PROGRAMS, TEACHER TRAINING, AGRICULTURAL DEVELOPMENT, AND

COVID EDUCATION AND PREVENTION.

PART II, COLUMN (E):

CASH GRANTS ARE REPORTED USING THE ACCRUAL METHOD.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



16-1383981

EDUCATE THE CHILDREN, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 INTEREST POLICY

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AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 12, PART XII, LINE 2C

THE PROCESS FOR REVIEW OVERSIGHT AND AUDITOR SELECTION HAS NOT CHANGED

FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

FORM 9	FORM 990 PAGE 10						066							
Asset No.	Description	Date Acquired	Method	Life	 C No. 	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	EQUIPMENT	06/30/05	SL	5.00	16	807.				807.	807.		•0	807.
7	EQUIPMENT	11/28/07	SL	5.00	16	563.				563.	563.		0.	563.
4	NEW COMPUTER	07/05/11	SL	5.00	16	630.				630.	630.		0.	630.
	* TOTAL 990 PAGE 10 DEPR					2,000.				2,000.	2,000.		0.	2,000.

2020 DEPRECIATION AND AMORTIZATION REPORT

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

028111 04-01-20

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