**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



CLIENT: 0015209 NOVEMBER 16, 2015

REACH THE CHILDREN, INC. 14 CHESHAM WAY FAIRPORT, NY 14450

STATEMENT

PREPARATION OF 2014 EXEMPT ORGANIZATION TAX RETURN(S) .....



NOVEMBER 16, 2015

REACH THE CHILDREN, INC. 14 CHESHAM WAY FAIRPORT, NY 14450

REACH THE CHILDREN, INC .:

ENCLOSED IS THE ORGANIZATION'S 2014 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 16, 2015.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS:

AN EMAIL EXTENDING FORM CHAR-500 HAS BEEN SENT TO THE NEW YORK STATE CHARITIES BUREAU ON YOUR BEHALF. THIS EXTENDS THE DUE DATE OF THE ORGANIZATION'S FORM CHAR-500 UNTIL NOVEMBER 15, 2012. NO FURTHER ACTION IS REQUIRED.

NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS RETURN:

PLEASE SIGN AND MAIL FORM CHAR500 AS SOON AS POSSIBLE.

MAIL TO - NYS OFFICE OF ATTORNEY GENERAL
CHARITIES BUREAU REGISTRATION SECTION
120 BROADWAY
NEW YORK, NY 10271

ENCLOSE A CHECK FOR \$50 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

JENNIFER ARBORE

Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

PAIRPORT, NY 14450	Α	For the	2014 calendar year, or tax year beginning and	ending	_	
Doing business as:   Number and street (or P.0. hox if mall is not delivered to street address)   Room/Suite   E Telephone number (585) 223 – 3344	В	Check if applicable	C Name of organization		D Employer identifi	cation number
Doing business as:   Number and street (or P.0. hox if mall is not delivered to street address)   Room/Suite   E Telephone number (585) 223 – 3344		Addres	REACH THE CHILDREN, INC.			
14 CRESHAM WAY		Name change	Doing business as			
City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or province, country, and ZIP or foreign postal code   City or town, state or legal dendice;   Ves   If IND, state or legal dendice;   Ves				Room/suite		
FAIRPORT, NY 14450		termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	493,552.
Name and address of principal officer-MARY HARRTS   Tax-exempt status: \[ \] \[ \] \] \[ A CHESHAM WAY, FATRPORT, NY 14450   Tax-exempt status: \[ \] \[ \] \[ SOI(c)(3) \] \[ SOI(c)(1) \]		Amend	FAIRPORT, NY 14450		H(a) Is this a group re	eturn
Taxe.exempt status:   X  Solicity(s)    Solicity(		Application	F Name and address of principal officer: MARY HARRIS		for subordinates	? Yes X No
Website: ▶ HTTP: / /WWW .REACHTHECHILDREN.ORG / HtG) Group exemption number ▶ K Form of organization: IX Corporation		penain	9 14 CHESHAM WAY, FAIRPORT, NY 14450		H(b) Are all subordinates in	ncluded? Yes No
Reference   Composition   Trust   Association   Other   Lyear of formation: 1999   M State of legal domicie:   Part   Summary				or 527	If "No," attach a	list. (see instructions)
Briefly describe the organization's mission or most significant activities:   DEDICATED TO STRENGTHENING FAMILIES BY PROVIDING EDUCATION AND HEALTH CARE FOR CHILDREN,						
Briefly describe the organization's mission or most significant activities:   DEDICATED TO STRENGTHENING FAMILIES BY PROVIDING EDUCATION AND HEALTH CARE FOR CHILDREN,				<b>L</b> Year	of formation: 1999 N	<b>M</b> State of legal domicile; ${f NY}$
FAMILIES BY PROVIDING EDUCATION AND HEALTH CARE FOR CHILDREN,  2 Check this box	Р					
Total number of individuals employed in calendar year 2014 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total number of volunteers (estimate if necessary)  7 a Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, line 1h)  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  Current Year  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 13)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising esce (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  20 Total alassets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  20 Total assets (Part IX, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total assets (Part IX), line 26)  24 Signature Block  15 Jalare Print I Signature Block  25 Jalare Print I Signature Block  26 Preparer   Print I Print	ø	1 1	Briefly describe the organization's mission or most significant activities: ${ t DEDIC}$	CATED	TO STRENGTH	ENING
Total number of individuals employed in calendar year 2014 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total number of volunteers (estimate if necessary)  7 a Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, line 1h)  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  Current Year  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 13)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising esce (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  20 Total alassets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  20 Total assets (Part IX, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total assets (Part IX), line 26)  24 Signature Block  15 Jalare Print I Signature Block  25 Jalare Print I Signature Block  26 Preparer   Print I Print	anc		FAMILIES BY PROVIDING EDUCATION AND HEAL?	rh car	E FOR CHILD	REN,
Total number of individuals employed in calendar year 2014 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total number of volunteers (estimate if necessary)  7 a Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, line 1h)  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  Current Year  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 13)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising esce (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  20 Total alassets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  20 Total assets (Part IX, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total assets (Part IX), line 26)  24 Signature Block  15 Jalare Print I Signature Block  25 Jalare Print I Signature Block  26 Preparer   Print I Print	ern	2				
Total number of individuals employed in calendar year 2014 (Part V, line 2a)  5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total number of volunteers (estimate if necessary)  7 a Total number of volunteers (estimate if necessary)  8 Contributions and grants (Part VIII, line 1h)  8 Contributions and grants (Part VIII, line 1h)  9 Prior Year  Current Year  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 13)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising esce (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  20 Total alassets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  20 Total assets (Part IX, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total assets (Part IX), line 26)  24 Signature Block  15 Jalare Print I Signature Block  25 Jalare Print I Signature Block  26 Preparer   Print I Print	Š	3				5
B Net unrelated business taxable income from Form 990-T, line 34   7b	<u>«</u>	" '				3
B Net unrelated business taxable income from Form 990-T, line 34   7b	ies					0
B Net unrelated business taxable income from Form 990-T, line 34   7b	Ĭξ					200
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 24 Nary HARRIS, EXECUTIVE DIRECTOR  Part II Signature Block  MARY HARRIS, EXECUTIVE DIRECTOR  Priparer Signature  PrimiType preparer's name  Preparer's signature  PrimiType preparer's name  PEFP ROTENBERG, LLP  Firm's name  EFP ROTENBERG, LLP  Firm's lame  PEFP ROTENBERG, LLP  Firm's lame  PEFP ROTENBERG, LLP  Firm's lame  PEFP ROTENBERG, LLP  Firm's lame  Pirm's lime	Act					0.
8 Contributions and grants (Part VIII, line 1h) 237,457. 493,55 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10) 16a Professional fundraising eese (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Primt IV Signature ARBORE  Preparer  Primt IV Spen preparer's name  Preparer's signature  JENNIFER ARBORE  FIRMS name  EFF ROTENBERG, LLP  Firm's name  EFF ROTENBERG, LLP  Firm's name  EFF ROTENBERG, LLP  Firm's name  FFF ROTENBERG, LLP  FFF ROTEN		b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
9						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  243,474  493,55  13 Grants and similar amounts paid (Part IX, column (A), lines 1·3)  256,116  232,38  14 Benefits paid to or for members (Part IX, column (A), lines 4·3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11d, 11f-24e)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  31 Total revenue (Part IX, edumn (A), line 25)  32 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Signature of officer  26 Print/Type preparer's name  27 Print/Type preparer's name  28 Preparer's signature  38 Date  39 Print/Type preparer's name  39 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  31 Preparer  32 Print/Type preparer's name  34 Preparer's name  35 Print/Type preparer's name  36 Preparer's name  36 Preparer's name  36 Preparer's name  36 Preparer's name  37 Print/Type preparer's name  38 Preparer's name  38 Preparer's name  39 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Preparer's name  30 Preparer's name  31 Preparer's name  32 Print/Type preparer's name  33 Preparer's name  34 Preparer's name  35 Preparer's name  36 Preparer's name  36 Preparer's n	ē	8	Contributions and grants (Part VIII, line 1h)			-
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  243,474  493,55  13 Grants and similar amounts paid (Part IX, column (A), lines 1·3)  256,116  232,38  14 Benefits paid to or for members (Part IX, column (A), lines 4·3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11d, 11f-24e)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  31 Total revenue (Part IX, edumn (A), line 25)  32 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Signature of officer  26 Print/Type preparer's name  27 Print/Type preparer's name  28 Preparer's signature  38 Date  39 Print/Type preparer's name  39 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  31 Preparer  32 Print/Type preparer's name  34 Preparer's name  35 Print/Type preparer's name  36 Preparer's name  36 Preparer's name  36 Preparer's name  36 Preparer's name  37 Print/Type preparer's name  38 Preparer's name  38 Preparer's name  39 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Preparer's name  30 Preparer's name  31 Preparer's name  32 Print/Type preparer's name  33 Preparer's name  34 Preparer's name  35 Preparer's name  36 Preparer's name  36 Preparer's n	ē		• • • • • • • • • • • • • • • • • • • •			0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  243,474  493,55  13 Grants and similar amounts paid (Part IX, column (A), lines 1·3)  256,116  232,38  14 Benefits paid to or for members (Part IX, column (A), lines 4·3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 11d, 11f-24e)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  31 Total revenue (Part IX, edumn (A), line 25)  32 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  25 Signature of officer  26 Print/Type preparer's name  27 Print/Type preparer's name  28 Preparer's signature  38 Date  39 Print/Type preparer's name  39 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  31 Preparer  32 Print/Type preparer's name  34 Preparer's name  35 Print/Type preparer's name  36 Preparer's name  36 Preparer's name  36 Preparer's name  36 Preparer's name  37 Print/Type preparer's name  38 Preparer's name  38 Preparer's name  39 Print/Type preparer's name  30 Print/Type preparer's name  30 Print/Type preparer's name  30 Preparer's name  30 Preparer's name  31 Preparer's name  32 Print/Type preparer's name  33 Preparer's name  34 Preparer's name  35 Preparer's name  36 Preparer's name  36 Preparer's n	ě					0.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   256,116.   232,38     14 Benefits paid to or for members (Part IX, column (A), line 4)   0.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0.     16 Professional fundraising fees (Part IX, column (A), line 11e)   0.     17 Other expenses (Part IX, column (D), line 25)   0.     18 Total expenses (Part IX, column (A), line 11d, 11f-24e)   12,644.   137,21     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   268,760.   369,59     19 Revenue less expenses. Subtract line 18 from line 12   -25,286.   123,95     19 Revenue less expenses. Subtract line 18 from line 12   -25,286.   123,95     20 Total assets (Part X, line 16)   49,513.   105,67     21 Total liabilities (Part X, line 26)   542,761.   581,62     22 Net assets or fund balances. Subtract line 21 from line 20   -493,248.   -475,95     28 Part II   Signature Block   Signature Block   MaRY HARRIS, EXECUTIVE DIRECTOR   Date   Dat					• •	0.
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)   0     16a Professional fundraising fees (Part IX, column (A), line 11e)   0     17 Other expenses (Part IX, column (A), line 11d, 11f-24e)   12,644   1377,21     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   268,760   369,59     19 Revenue less expenses. Subtract line 18 from line 12   268,760   123,95     19 Revenue less expenses. Subtract line 18 from line 12   275,286   123,95     19 Revenue less expenses. Subtract line 18 from line 12   49,513   105,67     20 Total assets (Part X, line 26)   49,513   105,67     21 Total liabilities (Part X, line 26)   542,761   581,62     22 Net assets or fund balances. Subtract line 21 from line 20   -493,248   -475,95     Part II   Signature Block						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparer's name  JENNIFER ARBORE  Preparer  Firm's name  EFP ROTENBERG, LLP  Firm's EIN  **-***8079						
16a Professional fundraising fees (Part IX, column (A), line 11e)   0   0					<u>~ -</u>	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   12 / 044	es	15				0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   12 / 044	ens	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   12 / 044	ž	b .			10 611	120 012
19 Revenue less expenses. Subtract line 18 from line 12  -25,286.  123,95  Beginning of Current Year End of Year  49,513. 105,67  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  -493,248.  -475,95  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name  JENNIFER ARBORE  Preparer's signature  JENNIFER ARBORE  Firm's name  EFP ROTENBERG, LLP  Firm's EIN  **-***8079		17 '				
Beginning of Current Year   End of Year						
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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MARY HARRIS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  JENNIFER ARBORE  Preparer  Firm's name  EFP ROTENBERG, LLP  Firm's EIN  **-***8079	. 0		Revenue less expenses. Subtract line 18 from line 12			
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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MARY HARRIS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  JENNIFER ARBORE  Preparer  Firm's name  EFP ROTENBERG, LLP  Firm's EIN  **-***8079	IS OI	3		Be		
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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MARY HARRIS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  JENNIFER ARBORE  Preparer  Firm's name  EFP ROTENBERG, LLP  Firm's EIN  **-***8079	SSE	<b>20</b>	, , , , , , , , , , , , , , , , , , , ,			
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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MARY HARRIS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  JENNIFER ARBORE  Preparer  Firm's name  EFP ROTENBERG, LLP  Firm's EIN  **-***8079	et A	21				
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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MARY HARRIS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  JENNIFER ARBORE  Preparer  Firm's name  EFP ROTENBERG, LLP  Firm's EIN  **-***8079					-493,240.	-4/5,952.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  MARY HARRIS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer's signature  JENNIFER ARBORE  Prim's name  EFP ROTENBERG, LLP  Firm's EIN  **-***8079	_			and atatam	anta and to the heat of m	v knowledge and halief it is
Sign Here    Signature of officer   Date						y knowledge and belief, it is
Here MARY HARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer's signature  JENNIFER ARBORE  Preparer's signature  JENNIFER ARBORE  Preparer's signature  Firm's name  Firm's name  Firm's EIN  **-***8079	true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on an information of win	licii preparer	lias any knowledge.	
Here MARY HARRIS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer's signature  JENNIFER ARBORE  Preparer's signature  JENNIFER ARBORE  Preparer's signature  Firm's name  Firm's name  Firm's EIN  **-***8079	٠.		Signature of officer		I Date	
Type or print name and title  Print/Type preparer's name  Paid  Paid  Print/Type preparer's name  JENNIFER ARBORE  Preparer  Firm's name  EFP ROTENBERG, LLP  Preparer  Firm's EIN  **-***8079					Duto	
Print/Type preparer's name  Paid  Paid  Print/Type preparer's name  Preparer's signature  JENNIFER ARBORE  Preparer's signature  JENNIFER ARBORE  Preparer's signature  JENNIFER ARBORE  Firm's name  Firm's name  Firm's EIN  **-***8079	не	re				
Paid JENNIFER ARBORE JENNIFER ARBORE   fifty   possible   possible				11	Date I Charle	II PTIN
Preparer Firm's name	Pai				l if	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Use Only   Firm's address ≥ 280 KENNETH DRIVE, SUITE 100			Firm's address 280 KENNETH DRIVE, SUITE 100		FIIII S EIN	0019
	USI	Jonly	ROCHECTER NV 1/672		Dhono no / 5	85) 427-8900
	M-	v tha IE			Filolie ilo. ( 3	
1971 I I	Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	REACH THE CHILDREN FACILITATES SELF-RELIANCE IN COMMUNITIES DEDICATED
	TO THE WELL-BEING OF UNDER-PRIVILEDGED CHILDREN.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	104 472
4a	(Code: ) (Expenses \$ 104,473. including grants of \$ 39,194.) (Revenue \$ )  STAY ALIVE - RTC IS ESPECIALLY CONCERNED ABOUT CHILDREN ORPHANED
	BECAUSE OF AIDS. RTC AIMS TO LOWER AIDS INCIDENCE BY TEACHING WHOLE
	COMMUNITIES THE AIDS PREVENTION EDUCATION PROGRAM CALLED STAY ALIVE.
	BY TRAINING COUNTRY OFFICIALS, TEACHERS, PARENT/GUARDIANS AND CHILDREN
	IN TANZANIA, KENYA, UGANDA, GHANA, LIBERIA AND NIGERIA, EVERYONE IN THE
	COMMUNITY IS WORKING ON THE PROBLEM IN THE SAME MANNER AND AT THE SAME
	TIME.
4b	(Code:) (Expenses \$ 139,201 • including grants of \$ 138,255 • ) (Revenue \$)
	EDUCATION - RTC ASSISTS OR DIRECTLY OPERATES SCHOOLS IN SEVERAL AFRICAN
	COUNTRIES, INCLUDING KENYA, UGANDA, GHANA, & SIERRA LEONE. RTC
	PROVIDES USEFUL RESOURCES TO ASSIST IN RAISING THE QUALITY OF EDUCATION
	FOR CHILDREN AND TO INCREASE THE NUMBER OF CHILDREN REACHED WITH
	EDUCATIONAL OPPORTUNITIES ORPHAN CARE
4c	(Code: ) (Expenses \$ 11,675. including grants of \$ 11,675.) (Revenue \$ )
.0	WATER AND AGRICULTURE - RTC DRILLS WELLS AND PUMPS WATER, DO
	WATER-HARVESTING PROJECTS AT SCHOOLS AND COMMUNITY BUILDINGS, PROVIDE
	CLEAN DRINKING WATER AND WATER FOR SMALL FARM IRRIGATION BY IMPROVING
	SPRONGS AND CEMENTING WATER HOLES AND SPRINGS. PROVIDE SEEDS,
	FERTILIZER AND TOOLS FOR GARDENING AND FARMING, TEACH SEVERAL METHODS
	OF GARDENING AND RTC DOES LARGER FARM PROJECTS SUCH AS PALM OIL FARMS,
	•
	TREE FARMS, ONION FARMS, MAIZE FARMS, ETC.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 63,374 • including grants of \$ 43,262 •) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 318 , 723 .
	Form <b>990</b> (2014)

2

# 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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 temporarily restricted endowments, permanent			
	endowments, or 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, VIII, 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		Х
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		Ė
	complete Schedule G, Part III	19		х
202	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?	20b		<u> </u>
	to mile to mile to digarization attach a copy of ite addition interioris to trills fortuin:		000	(001.4)

# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ا ۔۔
	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			\ <sub>3,7</sub>
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		22
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohodula I. David	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			17
	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	1		\ \ \
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

Section   Processing   Proces		Check if Schedule O contains a response or note to any line in this Part V				
be first the number of Forms W2G included in line 1s. Enter- of Pind applicable					Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o' lind applicable   10   0   0   0   0   0   0   0   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b Id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) within syminary to prize within syminary to the within the year covered by this return  If it is the trumber 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  If it is the stone is reported on line 2a, did the organization file all required federal employment tax returns?  2b If the organization have unreaded business gross income of \$1,000 or more during the year?  3a If the view, has it filed a Form 900-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O  3b If 'Yes,' a filed and a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the hanse of the foreign country.  5b If 'Yes,' a filed the the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  5c If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  5c If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  5c If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  6d If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  6d If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  6d If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  6d If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  6d If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  6d If 'Yes,' to line 5a ords, did the organization file Form 8886 it?  6d If 'Yes,' to line 5a ords, did the organization file form 8896 it is a charitable contributions and party for goods and services provided to the payor?  6d If 'Yes,' to line 5a ords, and the file organization file form 8990 it is used form file form 8990 it is used form file form 990 in line organization file f			0			
Gambling) winnings to prize winners?  a Effect 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  b I fall teast one is reported on line 2a, did the organization life all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  b I if Yes, 1 sail to life of most 901 for this year If 1/%, 1 for line 3, 1000 or more during the year?  3a I A the arry 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 I A arry 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 I A a tray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If Yes, 1 in the said of the organization in the foreign country is a bank and financial accounts (FBAR).  5c I Yes, 1 in the said of the organization in the foreign organization at any time during the tax year?  5c I Yes, 1 if yes, 2 in the said of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions?  5c I Yes, 1 if yes, 2 in the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution organization receive a payment in excess of \$75 made partly as a contribution or and partly for goods and services provided to the payor?  5c I Yes, 1 in Yes, 1 in the organization			ning			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a IV the congruination have unreated business gross income of \$1,000 or more during the year?  3a X X  b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3b If A at any time during the calendary 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 At any time the name of the foreign country. ►  5b If "Yes," to line the mane of the foreign country. ►  5c In the object of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAF).  5a Was the organization an party to a prohibeted tax shelter transaction?  5b If "Yes," to line Sa or Sb, did the organization file Form 8898 1?  6c If "Yes," to line Sa or Sb, did the organization file Form 8898 1?  6d Does the organization and party to a prohibeted tax shelter transaction solicit any contributions that were not tax deductible as charitable contributions?  5c If Yes, "to life the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Did the organization inclide with every solicitation an express statement that such contributions or gifts  6d V. If Yes, "did the organization inclide with every solicitation and party for goods and services provided to the payor?  7a Did the organization receive a payment in excess of \$75 made party sa somithering they are year.  6 Did the organization sell-except in excess of \$75 made party sa somithering they are yeary				1c		
field for the calendar year ending with or within the year covered by this return    Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   3a   X	2a					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3			0			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b if 1'Yes,* in six Iffied a Form 9500 Tor this year? if 1'Ne, 1' of line 8,0, provide an explenation in Schedule 0  4b 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)?  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c If Yes,* to line 5a or 5b, did the organization file Form 8886 fi?  6c If Yes,* to line 5a or 5b, did the organization file Form 8886 fi?  6d If Yes,* to line 5a or 5b, did the organization file Form 8886 fire were not tax deductible?  6d If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes,* did the organization include with every solicitation and partly for goods and services provided to the payor?  6d If Yes,* did the organization solicity the organization file form 8282?  6d If Yes,* did the organization oreceive a payment in excess of 5f5 made partly as contribution and partly for goods and services provided to the payor?  7d If Yes,* did the organization received a contribution of the value of the goods or services provided?  7d If Yes,* did the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098 C?  7d Sponsoring organization have excess business holdings at any time during the year?  7d If the organization have excess busi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b if 1'Yes,* in six Iffied a Form 9500 Tor this year? if 1'Ne, 1' of line 8,0, provide an explenation in Schedule 0  4b 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)?  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c If Yes,* to line 5a or 5b, did the organization file Form 8886 fi?  6c If Yes,* to line 5a or 5b, did the organization file Form 8886 fi?  6d If Yes,* to line 5a or 5b, did the organization file Form 8886 fire were not tax deductible?  6d If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If Yes,* did the organization include with every solicitation and partly for goods and services provided to the payor?  6d If Yes,* did the organization solicity the organization file form 8282?  6d If Yes,* did the organization oreceive a payment in excess of 5f5 made partly as contribution and partly for goods and services provided to the payor?  7d If Yes,* did the organization received a contribution of the value of the goods or services provided?  7d If Yes,* did the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098 C?  7d Sponsoring organization have excess business holdings at any time during the year?  7d If the organization have excess busi		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
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 accounts?  See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization have you prohibited tax shelter transaction at any time during the tax year?  So Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  So If "Yes," to line 5a or 5b, did the organization that at was or is a party to a prohibited tax shelter transaction?  So If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  So If "Yes," to line 5a or 5b, did the organization include with every solicitation and party to a prohibited tax shelter transaction?  For organizations that may receive deductible contributions under section 170(c).  If yes, if did the organization notity the donor of the value of the goods or services provided?  For Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  To United the formalization received a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  To United Form 8282?	За	5111		3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b (1 *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?  5b Did any stable party notify the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen or tax deductible as charitable contributions?  6a ZY  6b If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6b If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization that expert in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If Yes,* did the organization notify the donor of the value of the goods or services provided?  7 If Yes,* indicate the number of Forms 8282 filed during the year  8 If Yes,* indicate the number of Forms 8282 filed during the year  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  9 If the organization not make any to a personal benefit contract?  9 If the organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(27) organizations. Enter:  a linkiation fees and capital contributions included on Porm 990, Part VIII, line 12  10 Corpositions from other sources (Do not	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b		
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).    See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).    See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).    See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).    See instructions for the see of \$5.0 km and \$5.0 km	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	r, a			
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 shetter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shetter transaction?  5b Z  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a 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?  7b If "Yes," did the organization only the donor of the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6c If "Yes," indicate the number of Forms 8282 filed during the year  9c Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required?  9c If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  9c If the organization have excess business holdings at any time during the year?  9c Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9c Sponsoring organization have access business holdings at any time during the year?  9c Sponsoring organization make any taxable distribution sunder section 4966?  9c Sponsoring organizations. Enter:  9c In the organization in the		financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes; to line 5a or 5b, did the organization file Form 8886-f?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a If Yes; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 Organizations that may receive deductible contributions under section 170(c).  8 Use of the form 8282?  8 Obtained the number of Forms 8282 filed during the year  9 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 1998-C?  7 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998-C?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions and provided funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Obtained the sponsoring organization make any ta	b	If "Yes," enter the name of the foreign country: ▶				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 aor 5b, did the organization file form 8886 17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  11 If the organization received a contribution of cars, boats, surplenaes, or other whelces, did the organization file a Form 1098-C?  12 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  12 Sponsoring organization make any taxable distributions under section 4966?  13 Section 501(c)(17) organizations. Enter:  14 Initiation fees and capital contributions included on Part VIII, line 12  15 Gross income from members or shareholders  16 Gross income from members or shareholders  17 Initiation foes and capital contributions included on Part VIII, line 12  18 Gross income from members or shareholders  19 If Yes," enter the amount		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AR).			
C If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Id the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  To If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distribution sunder section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions included on P	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		
6a	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
6a	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с		
any contributions that were not tax deductible as charitable contributions?  b If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 f E  1 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make a distribution under section 4966?  9 a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organization make any taxable distri						
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). a 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?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 C X  d If "Yes," indicate the number of Forms \$282 filed during the year  F Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 C T  8 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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 Sponsoring organization make any taxable distributions under section 4966?  9 D bid the sponsoring organization make any taxable distributions under section 4966?  9 D Section 501(c)(12) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  10a				6a		X
7 Organizations that may receive deductible contributions under section 170(c). a 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? 7	b					
a 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c		were not tax deductible?		6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f gl ff the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a	7	Organizations that may receive deductible contributions under section 170(c).				
to file Form 8282?  To If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To If the organization received any funds, directly or indirectly, on a personal benefit contract?  To If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization make any taxable distributions, or organization file a Form 1098-C?  Sponsoring organization have excess business holdings at any time during the year?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization sective.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  D	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
to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7th  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7th  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  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?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Did orsos receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did orsos income from members or shareholders  Did orsos income from members or shareholders  Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year  It is section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note, See the instructions for additional information the organization must report on Schedule O.  Die 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  Enter the amount of reserves on hand  Did the organization is required to maintain by the states in which the organization is required to maintain by the states in which the organization is required to maintain by the states in whic	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  R Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  B Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  D Gross income from members or shareholders  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?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If "Yes," enter the amount of reserves the organization 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 in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tannin	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 bif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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 Sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 bid the sponsoring organization make any taxable distributions under section 4966?  9 a bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 bid the sponsoring organizations. Enter:  10 a Initiation fees and capital contributions included on Part VIII, line 12  11 Section 501(c)(7) organizations. Enter:  12 a Gross income from members or shareholders  13 a Gross income from members or shareholders  14 bif "Yes," enter the amount of tax-exempt interest received or accrued during the year  12 bif "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  13 bid the organization receive any payments for indoor tanning services during the tax year?  14 bif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14 bid If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14 bid If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanat		to file Form 8282?		7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did  11 Section 501(c)(12) organizations. Enter:  a 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 filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  1 In It	d	If "Yes," indicate the number of Forms 8282 filed during the year				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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 Sponsoring organization make any taxable distributions under section 4966?  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b Intitiation fees and capital contributions included on Part VIII, line 12  a Intitiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders  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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b 13a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  It is the organization is filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
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?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	equired?	7g		
sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Did Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Did Tyes," enter the amount of tax-exempt interest received or accrued during the year 12b Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Did Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b Dif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For	rm 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b		sponsoring organization have excess business holdings at any time during the year?		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  I Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	9	Sponsoring organizations maintaining donor advised funds.				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			<u> </u>	9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b			9b		
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:  a Gross income from members or shareholders 11a 1b 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 filling Form 990 in lieu of Form 1041? 12b 1f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	10	l i				
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а					
a Gross income from members or shareholders 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? 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. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b						
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?  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.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		· · · · · · · · ·				
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b			-	12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b						
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  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b			-	10		
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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?  14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а		·····	เรล		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		·				
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b					
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	_					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				44-		y
			· · · · · · · · · · · · · · · · · · ·			-22
	a	in tes, has it lied a Form 720 to report these payments? If two, provide an explanation in Schedule O			990	(2014

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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		
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		
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	Х	
b	Other officers or key employees of the organization	15b		Х
	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			77
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:   MARY HARRIS - 585-223-3344			
	14 CHESHAM WAY, FAIRPORT, NY 14450			
	TT CHIDHEN MULL INTICULT INT TIIDU			

Form **990** (2014)

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

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

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

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

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

Check this box if neither the organization		T	(C)			пре	isai			<b>(E)</b>
(A)	(B)		Position		(D)	(E)	(F)			
Name and Title	Average		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week	offi	officer and a director/trustee)			or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pe		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensat		(W-2/1099-MISC)		organization
	organizations	Itrus	nal trı		oyee	du o				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
-	line)	Pu	lnst	Officer	Ke	Hig em	윤			
(1) KEVIN CLAWSON	10.00	۱		١						•
PRESIDENT, CEO	1000	Х		Х				0.	0.	0.
(2) MARY HARRIS	10.00	ļ								
TREASURER, EXECUTIVE DIREC		Х		Х				0.	0.	0.
(3) GENEVIEVE PELISSIE	2.00									
ACTING CHAIR OF BOARD		Х		Х				0.	0.	0.
(4) JOHN H DRANSFIELD	1.00							_	_	_
BOARD MEMBER		Х		Х				0.	0.	0.
(5) PATRICIA JONES	2.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
		4								
		-								
-										
		-								
				l	l	1				

Form **990** (2014)

Га	Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>/ees</u>	<u>, and</u>	<u>a Hi</u>	<u>igne</u>	st C	ompensated Employe	<b>es</b> (continuea)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Posi check i ess per nd a di	ition more rson	than	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	ns	com fr org and	pensa om the anizati d relate anizatio	e ion ed
			=	드	9	- X	표등	윤						
					H									
			<u> </u>	_	H									
			<u> </u>											
			<u> </u>											
			_											
			-											
					-									
	Sub-total				Ш			<u> </u>	0.		0.			0.
С	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.			0.
2	Total number of individuals (including but recompensation from the organization							no re		),000 of reportab				0
3	Did the organization list any <b>former</b> officer	director or tr	ıcto	0 kc	or	mple		٥٢	highest componented o	mployee en			Yes	No
3	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	-		-					•	the organization		4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		elat	ed organization or indiv	idual for services	;	5		Х
	tion B. Independent Contractors							1		Φ400 000 -f				
1 	Complete this table for your five highest continuous the organization. Report compensation for	= -	-								npens			
	<b>(A)</b> Name and business	address	N	INC	E				<b>(B)</b> Description of s	services	С	(C ompe	<b>)</b> nsatio	n
								_						
	Total number of independent contractors	including but :		mita	-d +c	the	00 15	nt c c	I abovo) who received to	acro than				
	Total number of independent contractors ( \$100,000 of compensation from the organ		IOT III	ше	u 10	r10	se II: 0	sieo	above, who received n	iore man				
												Form 9	<b>990</b> (2	2014)

432008 11-07-14

		Check if Schedule O cont	ains a response	e or note to any lin	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<u>왕</u> 1	а	Federated campaigns	1a					
[ ]		Membership dues		44,193.				
₩.		Fundraising events						
ar		Related organizations						
ξĒ		Government grants (contribut						
S	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included above		449,359.				
<u> </u>	а	Noncash contributions included in lines		107,659.				
and Other Similar Amounts		Total. Add lines 1a-1f			493,552.			
				Business Code	·			
≀	а							
_	b							
] ž	С							
	d							
Revenue	е							
:	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
3		Investment income (including						
		other similar amounts)		· ·				
4		Income from investment of tax						
5		Royalties		ı				
		•	(i) Real	(ii) Personal				
6	а	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
7		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
8   a		Gross income from fundraising including \$	g events (not					
Other Revenue		contributions reported on line						
ř		Part IV, line 18	•	a				
<b>1</b>	b	Less: direct expenses		b				
0		Net income or (loss) from fund						
9		Gross income from gaming ac	J					
	_	Part IV, line 19		a				
	b	Less: direct expenses		b				
		Net income or (loss) from gam						
10		Gross sales of inventory, less						
"	_	and allowances		a				
	h	Less: cost of goods sold		6				
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
11	a	MISSOCIIAI ICOUS I IEVEITU		Submices Code				
''	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d						
12		Total revenue. See instructions.			493,552.	0.	0.	0.
32009	_	. 5.2 5.5						Form <b>990</b> (2014)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 232,386. 232,386. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management Legal 1,800. 1,800. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, 2,695. 1,564. 1,131 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 32. 32. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 37,600. 37,600. 20 Payments to affiliates \_\_\_\_\_ 21 152. 152. Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 36,447. 35,414. 1,033. **MISCELLANEOUS** 27,959. VOLUNTEER EXPENSES 27,959 HOLIDAY CARNIVAL 21,400. 21,400. 3,662 3,662. CONTRACT LABOR 5,466. 5,466. e All other expenses 369,599 318,723 50,876. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

# Form 990 (2014) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	34,126.	1	71,448
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	6,443.	4	25,252
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net	5,000.	7	5,000
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 5, 209.			
b		236.	10c	85
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,708.	15	3,886
16	Total assets. Add lines 1 through 15 (must equal line 34)	49,513.	16	105,671
17	Accounts payable and accrued expenses	7,262.	17	6,281
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L	528,964.	22	568,842
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	6,535.	24	6,500
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	542,761.	26	581,623
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29	complete lines 27 through 29, and lines 33 and 34.	402 040		540 450
27	Unrestricted net assets	-493,248.	27	-518,152
28	Temporarily restricted net assets		28	42,200
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
30 31 32	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	100 015	32	485 45
33	Total net assets or fund balances	-493,248.	33	-475,952
34	Total liabilities and net assets/fund balances	49,513.	34	105,671

Form **990** (2014)

. 5111	1000 (2011)			<u> </u>	<u>9~</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			52.
2	Total expenses (must equal Part IX, column (A), line 25)	2			99.
3	Revenue less expenses. Subtract line 2 from line 1	3			53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-49	3,2	48.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-10	6,6	<u>57.</u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-47	5,9	<u>52.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

REACH THE CHILDREN, INC.

Employer identification number \*\* - \* \* \* 9622

Da	rt I	Reason for Public		All arganizations must a	amplata th	io nort \ Co	a inaturations			
					•					
	orgar 	nization is not a private found	•		•	•				
1	Ш	A church, convention of ch	•		d in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2	Ш	A school described in <b>sect</b>		· · · · · · · · · · · · · · · · · · ·						
3	Ш	A hospital or a cooperative					•			
4		A medical research organiz	ation operated in co	njunction with a hospita	ıl described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (C	•							
6	37	A federal, state, or local go	-							
7	X	An organization that norma	•	intial part of its support	from a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)					
9		An organization that norma	• • • • • • • • • • • • • • • • • • • •	•	•		• •			
		activities related to its exen	-							
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See <b>section 509(a)(2).</b> (Co	. ,							
10	Ш	An organization organized	•	•	-			_		
11		An organization organized	=	•	-		•			
		more publicly supported or						Check the box in		
		lines 11a through 11d that				-				
а			· · · · · · · · · · · · · · · · · · ·	•	•					
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting		
<b>L</b>		organization. You must o	•		tion with it		ad arganization(a) by ba	vina		
b			•					-		
		control or management o			same perso	ons mai co	ontrol of manage the sup	pported		
_		organization(s). You mus			in connoc	tion with	and functionally integrat	ad with		
C		Type III functionally inte its supported organizatio					• •	eu wiiri,		
d		Type III non-functionally		•				zation(s)		
u		that is not functionally int								
		requirement (see instruct	-		-		-	iveness		
е		Check this box if the orga	•	- ·						
Ŭ		functionally integrated, or					r type i, type ii, type iii			
f	Ent	er the number of supported of		many integrated capper	0 0					
a		vide the following information	•							
		(i) Name of supported	(ii) EIN		(iv) Is the o		(v) Amount of monetary	(vi) Amount of		
		organization		(described on lines 1-9 above or IRC section	governing of	n your document?	support (see	other support (see		
				(see instructions))	Yes	No	Instructions)	Instructions)		
				"						
Γota	ıl									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

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

Sec	ction A. Public Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	. ,
	membership fees received. (Do not						
	include any "unusual grants.")	453,649.	566,756.	485,260.	243,463.	374,521.	2,123,649.
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	450 640	566 556	405 060	0.10.160	254 524	
4	Total. Add lines 1 through 3	453,649.	566,756.	485,260.	243,463.	374,521.	2,123,649.
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)						
	Public support. Subtract line 5 from line 4.						2,123,649.
	ction B. Total Support	<b>.</b>			<b>T</b>		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012 485, 260.	(d) 2013 243,463.	(e) 2014 374,521.	(f) Total
	Amounts from line 4	453,649.	566,756.	485,260.	243,463.	3/4,521.	2,123,649.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		C 4	F 0	10		100
	and income from similar sources		64.	52.	12.		128.
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.)						0 100 555
	<b>Total support.</b> Add lines 7 through 10						2,123,777.
12	'					12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
804	organization, check this box and storection C. Computation of Publ		rcentage				<u></u>
	·			. (0)			99.99 %
	Public support percentage for 2014 (					14	70
	Public support percentage from 2013					15	
Iba	33 1/3% support test - 2014. If the c	•		•		•	
	stop here. The organization qualifies						
I.	33 1/3% support test - 2013. If the c	•		•		•	
47.	and <b>stop here.</b> The organization qual						
178	17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
0	10% -facts-and-circumstances tes	ū				·	1070 UI
	more, and if the organization meets the						ightharpoonup
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s ▶∟

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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						
(	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	<u></u>	T	1
	endar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	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						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	<u> </u>	1.6		504(.)(2)	<u> </u>
14	First five years. If the Form 990 is for	_			-		
<u>S</u>	check this box and stop here ction C. Computation of Publ						<u> </u>
	Public support percentage for 2014 (I			column (f))		15	%
	Public support percentage from 2013					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20					17	%
						18	
	Investment income percentage from 2013 Schedule A, Part III, line 17						
	more than 33 1/3%, check this box a						
Ł	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All 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 (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

#### Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	- CL		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
	5с		
	6		
	U		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10-		
	10a		
	10b		
_	00 or 00	0 E7\	2014

Par	LIV	Supporting Organizations (continued)			
				Yes	No
11		ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	η how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	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			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sect		D. Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
		(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sect	<u> </u>	E. Type III Functionally-Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions	)_	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <i>Answer (a) and (b) below.</i>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <i>part VI</i> the role played by the organization in this regard.	3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through 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):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6_	Multiply line 5 by .035	6			
_7_	Recoveries of prior-year distributions	7			
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions		<u> </u>	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
_	Diatrik	system of the constraint of th		Pre-2014	Amount for 2014
1		outable amount for 2014 from Section C, line 6			
2		rdistributions, if any, for years prior to 2014			
		onable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2014:			
a					
<u>b</u>					
C					
d	From	2012			
		of lines 3a through e			
		ed to underdistributions of prior years ed to 2014 distributable amount			
		over from 2009 not applied (see instructions)			
÷		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2014 from Section D,			
•	line 7:				
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2014, if			
•		Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions).  Remaining underdistributions for 2014. Subtract lines 3h				
-	and 4b from line 1 (if amount greater than zero, see				
	instru				
7		ss distributions carryover to 2015. Add lines 3j			
	and 4	-			
8		down of line 7:			
а					
b					
С					
	Exces	ss from 2013			
		es from 201 <i>4</i>			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047 **2014** 

Name of the organization

**Employer identification number** 

REACH THE CHILDREN, INC.

\*\*-\*\*\*9622

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
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, 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. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	ū	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

\*\*-\*\*9622

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$12,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll

Name of organization

Employer identification number

\*\*-\*\*9622

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

# REACH THE CHILDREN, INC.

\*\*-\*\*\*9622

Part I  (a) (b) (c) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (e) Date rec (form Description of noncash property given Part I  (a) No. Part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)  (d) Date rec (e) FMV (or estimate) (see instructions)	Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. The part I Description of noncash property given S	No. from		FMV (or estimate)	(d) Date received
(a) No. (b) (c) FMV (or estimate) (see instructions)  (a) No. (b) (b) FMV (or estimate) (see instructions)  (a) No. (b) FMV (or estimate) (see instructions)  (b) Co FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date rec  (d) PMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (d) Date rec  (d) Date rec  (d) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (d) Date rec  (e) FMV (or estimate) (see instructions)  (d) Date rec  (e) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (d) Date rec  (e) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (f) Date rec  (g) FMV (or estimate) (see instructions)  (g) FMV (or estimate) (see instructions)  (g) Date rec  (g) FMV (or estimate) (see instructions)				
(a) No. from Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date rec  (a) No. from Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date rec  (a) No. from Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date rec  (a) No. from Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date rec  (a) No. from Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date rec  (a) No. from Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date rec	No. from		(c) FMV (or estimate)	(d) Date received
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date rec  (d) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (from Description of noncash property given  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) No. from Description of noncash property given  (d) FMV (or estimate) (d) Date rec				
(a) No. (b) FMV (or estimate) (see instructions) Date recompart I  (a) No. (b) FMV (or estimate) (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (d) Date recompart I  (d) No. (from Part I	No. from		FMV (or estimate)	(d) Date received
No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) No. from Part I  (a) Description of noncash property given  (b) FMV (or estimate) (see instructions)  (d) Date recommendation of the property given (see instructions)  (a) No. from Description of noncash property given (see instructions)  (a) No. from Description of noncash property given (see instructions)  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date recommendation of the property given (see instructions)				
(a) No. from Part I  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Date rec  (a) No. (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Date rec  (d) FMV (or estimate) (see instructions)	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) (d) Date recommendation of the commendation of the commendat			<u></u>	
(a) No. (b) FMV (or estimate) from Description of noncash property given  (c) FMV (or estimate) (see instructions) Date rec	No. from		FMV (or estimate)	(d) Date received
No. (b) (C) (d) FMV (or estimate) Date rec				
	No. from		FMV (or estimate)	(d) Date received
			   \$	

Name of orga	nization		Employer identification number		
DEACH '	THE CHILDREN, INC.		**-***9622		
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou.  Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000	bed in section 501(c)(7), (8), or (10) that total more than \$1,000 to blowing line entry. For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g	gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(a) Transfer of a			
	(e) Transfer of gift  Transferee's name, address, and 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 gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		/a\Tunnafa:af-	Gift Gift		
	Transferee's name, address, a	(e) Transfer of o	er of gift  Relationship of transferor to transferee		
-					

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

OMB No. 1545-0047

Open to Public Inspection

Nam	ne of the organization  REACH THE CHILDREN, INC.		Employer identification number
Pa	irt I Organizations Maintaining Donor Advised Funds or Other S	imilar Funds or A	
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised	d funds (	b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets he	ld in donor advised fun	nds
Ū	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra		
_	for charitable purposes and not for the benefit of the donor or donor advisor, or for an		
	impermissible private benefit?		
Pa	Irt II Conservation Easements. Complete if the organization answered "Yes		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
		ervation of a historically	important land area
		ervation of a certified hi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	ution in the form of a co	onservation 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 structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on	a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or t	erminated by the organ	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspect	ion, handling of	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea		
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	. , . , .	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its rever	•	·
	include, if applicable, the text of the footnote to the organization's financial statements	s that describes the orc	ganization's accounting for
Da	conservation easements.  Int III Organizations Maintaining Collections of Art, Historical Tre	acures or Other	Similar Assats
га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	asures, or Other	Sillilai Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it	to revenue etatement e	nd balance about works of art
Id			,
	historical treasures, or other similar assets held for public exhibition, education, or res the text of the footnote to its financial statements that describes these items.	earch in furtherance of	public service, provide, in Fart Alli,
h		vonue statement and h	palance shoot works of art, historical
b			
	treasures, or other similar assets held for public exhibition, education, or research in furelating to these items:	artificianice of public Se	rvice, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		. • • • <u> </u>
2	If the organization received or held works of art, historical treasures, or other similar as		· · · ————————————————————————————————
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to t	- ·	p. 07100
а			▶ \$
	Assets included in Form 990, Part X		. • • <u> </u>
	,		

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

Schedule D (Form 990) 2014

			lloctions of A			oscuroc or O	thor	Simil	ar Acco	+ <b>5</b> /22		age Z
	organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)											
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):											
_												
a	Public exhibition  d Loan or exchange programs  Charter and Charte											
b	Preservation for future gene	Scholarly research  e U Other										
с 4			actions and avalai	n how that	, further t	ho organization's	ovomn	t nurna	oo in Dor	+ VIII		
5	Provide a description of the organ								ose III Fai	t AIII.		
5	During the year, did the organizati to be sold to raise funds rather that									Yes		No
Pai	rt IV Escrow and Custodi											<u> INO</u>
	reported an amount on For			ete ii tile oi	garnzatio	iranswered res	10 1 01	111 330	, raitiv, i	iii le 3, 0i		
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included											
·u	on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement									_ 103		J 140
	ii res, explain the arrangement	iii ait Aii ai	ia complete the re	mowning tab	nc.					Amount		
С	Beginning balance							1c		Amount		
								1d				
-	Distributions during the year							1e				
f	Ending balance							1f				
	Did the organization include an an									Yes		No
	If "Yes," explain the arrangement						-					j
	rt V Endowment Funds.											
			(a) Current year	(b) Prio		(c) Two years bad		Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance	Beginning of year balance										
b	<u> </u>											
С	c Net investment earnings, gains, and losses											
d		<del></del>										
е		····										
	and programs											
f	Administrative expenses											
g												
2	Provide the estimated percentage	·	nt year end baland	ce (line 1g,	column (a	a)) held as:						
а			•	%	,	"						
b	Permanent endowment		%	_								
С		<b></b>	<del></del> %									
	The percentages in lines 2a, 2b, a	nd 2c should	equal 100%.									
За	Are there endowment funds not in	the possess	sion of the organiz	ation that a	are held a	nd administered f	or the	organiz	ation			
	by:										Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b										3b		
4	Describe in Part XIII the intended	uses of the o	rganization's endo	owment fur	nds.							
Pai	rt VI Land, Buildings, and	Equipme	nt.									
	Complete if the organizatio	n answered '	'Yes" to Form 990	), Part IV, lii	ne 11a. S	ee Form 990, Par	t X, line	10.				
	Description of property		(a) Cost or o	other	(b) Cost	or other (c	) Accu	mulate	d	(d) Book	(valu	е
			basis (investr	ment)	basis	(other)	depre	ciation				
1a	Land											
	J											
С	Leasehold improvements											
d	Equipment											<u> </u>
	Other					5,209.		5,1	24.			85.
Total	II. Add lines 1a through 1e. (Column	(d) must ear	ial Form 990 Part	X column	(B) line 1	(Oc.)						85.

Schedule D (Form 990) 2014

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Investments -	Other	Securities.

( ) D	omplete if the organization answered "Yes"				
(a) Description	of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end	-of-year market value
) Financial de	erivatives				
	d equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
otal. (Col. (b) m	ust equal Form 990, Part X, col. (B) line 12.)				
	vestments - Program Related.				
Co	omplete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part	X, line 13.	
(	(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
. ,	uust equal Form 990, Part X, col. (B) line 13.)				
	ther Assets.				
Co	omplete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.	
	(a)	Description			(b) Book value
(4)					
(1)					
. ,					
(2)					
(2)					
(2) (3) (4)					
(2) (3) (4) (5)					
(2) (3) (4) (5) (6)					
(2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7) (8)					
(2) (3) (4) (5) (6) (7) (8) (9)	(b) must equal Form 990 Part X col. (B) lin	e 15 )			
(2) (3) (4) (5) (6) (7) (8) (9)	(b) must equal Form 990, Part X, col. (B) lin	e 15.)		<b>&gt;</b>	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O	ther Liabilities.		11e or 11f See Form 99	D. Part X. line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Co	ther Liabilities. complete if the organization answered "Yes"				
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Co	ther Liabilities.  omplete if the organization answered "Yes"  (a) Description of liability		11e or 11f. See Form 990		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Cart X O	ther Liabilities. complete if the organization answered "Yes"				
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O Co (1) Federal (2)	ther Liabilities.  omplete if the organization answered "Yes"  (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X O  Co  (1) Federal (2) (3)	ther Liabilities.  omplete if the organization answered "Yes"  (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O  Co  (1) Federal (2) (3) (4)	ther Liabilities.  omplete if the organization answered "Yes"  (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O  Co  (1) Federal (2) (3) (4) (5)	ther Liabilities.  omplete if the organization answered "Yes"  (a) Description of liability			<b>&gt;</b> D, Part X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X O Co . (1) Federal (2) (3) (4) (5) (6)	ther Liabilities.  omplete if the organization answered "Yes"  (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O Co . (1) Federal (2) (3) (4) (5) (6) (7)	ther Liabilities.  omplete if the organization answered "Yes"  (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O Cc . (1) Federal (2) (3) (4) (5) (6) (7) (8)	ther Liabilities.  omplete if the organization answered "Yes"  (a) Description of liability				
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X O Cc (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	ther Liabilities.  omplete if the organization answered "Yes"  (a) Description of liability	to Form 990, Part IV, line			

Schedule D (Form 990) 2014

Sche	edule D (Form 990) 2014 REACH THE CHILDREN, INC.			**-*	**9622 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	493,552.
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				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	493,552.
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	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	493,552.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Retur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l.			
1	Total expenses and losses per audited financial statements			1	476,256.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	106,657.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	106,657.
3	Subtract line 2e from line 1			3	369,599.

#### Part XIII Supplemental Information.

Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

4a

4c

369,599

#### PART X, LINE 2:

c Add lines 4a and 4b

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATIONS TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION (ASC) 740-15-50, THE ORGANIZATION RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT THE ORGANIZATION IS CURRENTLY IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS NO LIABILITY FOR UNRECORDED TAX

THEREFORE,

Schedule D (Form 990) 2014

THE INTERNAL REVENUE CODE.

OF

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

**Employer identification number** 

REACH THE CHILD	REN, INC	<u>•</u>			**-***962	2
			tside the United States. Compl	ete if the organ	ization answered "\	es" on
Form 990, Part IV			·	· ·		
			ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance?X	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance out	side the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
VESTERN AFRICA				USUAL BUSIN	ESS	
GHANA, LIBERIA,			PROGRAMS (STAY ALIVE),	MANAGEMENT	ACTIVITIES,	
NIGERIA, SIERRA			PROGRAM SERVICES,	OFFICE MANA	GEMENT,	
EONE)	2	1	FUNDRAISING	BOOKKEEPING	, LOCAL LAWS	13,510.
			PROGRAMS , PROGRAM	USUAL BUSIN	ESS	
EASTERN AFRICA			SERVICES, PROJECTS,	MANAGEMENT	ACTIVITIES,	
MADAGASCAR, KENYA,			SELF-SUSTAINABILITY	OFFICE MANA	GEMENT,	
ANZANIA, UGANDA)	2	0	EFFORTS, FUNDRAISING	BOOKKEEPING	, LOCAL LAWS	218,876.
						222.225
3 a Sub-total	4	1				232,386.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a	1	1				232 386

432071 09-24-14 Schedule F (Form 990) 2014

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAMS (STAY ALIVE), PROGRAM SERVICES, FUNDRAISING	13,510,	WIRE TRANSFER	0.		
		EASTERN AFRICA (KENYA, MADAGASCAR,	PROGRAMS , PROGRAM SERVICES, PROJECTS, SELF-SUSTAINABILITY	,				
		UGANDA, TANZANIA	EFFORTS, FUNDRAISING	218,876.	WIRE TRANSFER	0.		
	the grantee or couns	sel has provided a sectio	recognized as charities by the n 501(c)(3) equivalency letter					3

Part III Grants and Other Assistance Part III can be duplicated if ac			ates. Complete i	f the organization answered "Yes'	on Form 990, Part	: IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

# Schedule F (Form 990) 2014 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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 file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	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? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

## Part V Supplemental Information

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

## PART I, LINE 2:

A BUDGET AND PROPOSAL IS SUBMITTED FOR EVERY POTENTIAL PROJECT. UPON APPROVAL AND FUNDING BY DONATION, FUNDS ARE DISTRIBUTED VIA BANK WIRE OR MONEY GRAM ON A PROJECT BY PROJECT BASIS TO EACH OFFICE. EACH PROJECT HAS A DISTICT PROJECT NUMBER AND THE FUNDS ARE ACCOUNTED FOR VIA A MONTHLY FINANCIAL REPORT FROM EACH OFFICE. COPIES OF RECEIPTS OR OTHER PERTINENT DOCUMENTATION ARE SCANNED AND SENT TO OUR OFFICE. IN ADDITION, ONGOING NARRATIVE REPORTS ARE SENT TO OUR OFFICE WITH PICTURES AND TESTIMONIALS FROM LOCAL BENEFICIARIES. A FULL REPORT IS SUBMITTED AT THE COMPLETION OF EACH PROJECT.

## PART I, LINE 3, COLUMN (E):

REGION: WESTERN AFRICA (GHANA, LIBERIA, NIGERIA, SIERRA LEONE)

(E) SPECIFIC TYPES OF SERVICES IN REGION: USUAL BUSINESS MANAGEMENT ACTIVITIES, OFFICE MANAGEMENT, BOOKKEEPING, LOCAL LAWS AND ORDINANCES, OVERSIGHT OF STAY ALIVE PROGRAM

REGION: EASTERN AFRICA (MADAGASCAR, KENYA, TANZANIA, UGANDA)

(E) SPECIFIC TYPES OF SERVICES IN REGION: USUAL BUSINESS MANAGEMENT ACTIVITIES, OFFICE MANAGEMENT, BOOKKEEPING, LOCAL LAWS AND ORDINANCES, OVERSIGHT OF STAY ALIVE PROGRAM

### **SCHEDULE L**

Department of the Treasury

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization Employer identification number \*\*-\*\*\*9622 REACH THE CHILDREN, INC. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (b) Relationship (i) Written (a) Name of (c) Purpose (e) Original (g) In (f) Balance due by board or from the interested person with organization principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No PRESIDENGENERAL 849,244. KEVIN CLAWSON, X 568,842. Х Х Х 568,842. Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2014

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 26  (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	ation's
	porcon and the organization	i andadion	i andadion	Yes	No
Part V Supplemental Information  Provide additional information for res	ponses to questions on Schedule L (see	instructions).			
SCHEDULE L, PART II, LOAN	S TO AND FROM INTERE	STED PERSOI	NS:		
(A) NAME OF PERSON: KEVIN	CLAWSON, PRESIDENT				
(B) RELATIONSHIP WITH ORG	ANIZATION: PRESIDENT				
(C) PURPOSE OF LOAN: GENE	RAL OPERATIONS				

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**Open To Public** Inspection

Name of the organization

**Employer identification number** \*\*-\*\*\*9622

	REACH THE CH	ILDREN	I, INC.			**_**	9622	2
Pai	rt I Types of Property							
		(a) Check if applicable		(c) Noncash contril amounts report Form 990, Part VII	ed on	(d) Method of deterr noncash contribution	•	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests				200			
12	Securities - Miscellaneous	X	1	1,0	002.			
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens							
25	Other (KEVIN CLAWSON)	X	1	53,5	578.			
26	Other (MARY HARRIS)	X	1 1		079.			
27	Other • (PAT JONES)	X	1	18,0				
28	Other (		_					
29	Number of Forms 8283 received by the organi	ı ization durin	n the tax vear for o	contributions				
	for which the organization completed Form 82		• ,		29			
	To Milon the organization completed from CE	.00,1 0.111,	Donoc, totalowica,	gomoni L			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted in Part I. line	s 1 through 2	28. that it	1.00	
	must hold for at least three years from the date	-			_			
	exempt purposes for the entire holding period						a	Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standar	d contributio	ons?	1	Х
	Does the organization hire or use third parties							
	contributions?		· ·	· · · · ·		32	la	Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colum	n (a) is checl	ked,		
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M (Fo	rm 990)	(2014)

Schedule M (Form 990) (2014)

432142 08-12-14

## SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number \*\*-\*\*9622

Name of the organization

REACH THE CHILDREN, INC.

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

VOCATIONAL TRAINING FOR ADULTS, AND TEACHING SELF-RELIANCE AND

PRINCIPLE-BASED VALUES. THESE TOOLS AND SKILLS WILL ENABLE PEOPLE TO

OVER- COME THE SHACKLES OF EXTREME POVERTY AND PROMOTE COMMUNITY

LEADERSHIP AS THEY REACH FOR A BRIGHTER TOMORROW.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MICRO-ENTERPRISE -RTC HELPS PEOPLE ENGAGE IN SUSTAINABLE LIVELIHOODS

FOR THE SUPPORT OF THEIR FAMILIES, BY PROVIDING TRAINING AND

MICRO-LOANS TO MOTIVATED INDIVIDUALS. RTC ACQUIRES THE FUNDS, FINDS

MENTORS AND ADMINISTRATORS AND SOLICITS LOAN APPLICANTS FOR

PARTICIPATION IN UGANDA, KENYA, GHANA, TANZANIA, MADAGASCAR AND

NIGERIA. MICRO-LOANS ARE ALSO GIVEN IN THE FORM OF LIVESTOCK WHEREIN A

FARMER PAYS BACK THE LOAN BY PASSING THE FIRST 2 FEMALE OFFSPRING

(COWS, GOATS AND SHEEP) ON TO OTHER FARMERS SO THAT THEY INTURN CAN

ALSO START THEIR OWN HERDS. RTC FURNISHES THE FIRST ANIMALS TO BEGIN

THE PROCESS IN AN AREA OR WITHIN AN ESTABLISHED SELF-HELP GROUP.

AGRICULTURE & WATER - RTC COLLABORATES WITH COMMUNITIES TO MAKE WATER

AVAILABLE FOR IRRIGATION, AGRICULTURE PURPOSES & DAILY SURVIVAL. RTC

ADOPTS A TEACH AS YOU GO FOCUS AND CONNECTS SQUARE FOOT GARDENING TO

ALL PROJECTS SO THAT SCHOOLS, FAMILIES AND WHOLE COMMUNITIES CAN

BENEFIT FROM THE GROWING OF FOOD TO SUPPLEMENT THE DAILY DIET.

COMMUNITY EMPOWERMENT - RTC HELPS LOCAL COMMUNITIES THROUGH DEVELOPMENT

OF CENTERS FROM WHENCE EACH OF THE FOCUS PROGRAMS CAN BE LAUNCHED,

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization **Employer identification number** \*\*-\*\*\*9622 REACH THE CHILDREN, INC. MENTORED AND MONITORED AS NEEDED, FOR LONG-TERM EFFECT, AND ANY GIVEN COMMUNITY. THESE CENTERS, IF A PHYSICAL BUILDING, CAN PROVIDE A GATHERING PLACE FOR THE COMMUNITY TO MEET, A TEACHING/TRAINING FACILITY, STORAGE AREAS FOR SHIPPING COMMODITIES PRODUCED BY THE COMMUNITIES, DISTRIBUTION OF INCOMING DONATIONS AND REVENUE AND A CENTER FOR ALL PRODUCTIVE COMMUNITY ACTIVITY. THE COMMUNITY DEVELOPMENT CONCEPT TAKES PLACE EVEN WITHOUT A PHYSICAL BUILDING AND IN SOME AREAS IS JUST AN ORGANIZED GROUP WORKING TOGETHER FOR SOMETHING BETTER TO TAKE PLACE IN THEIR LIVES. ORPHAN CARE - RTC ASSISTS FAMILIES TO BECOME SELF-SUSTAINING, THUS ENABLING THEM TO CARE FOR THE GROWING NUMBER OF ORPHANS IN THEIR OWN COMMUNITIES. EXPENSES \$ 63,374. INCLUDING GRANTS OF \$ 43,262. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: TREASURER REVIEWS THE 990 BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION BASES THE CEO SALARY OFF AVERAGES OF CEOS OF ORGANIZATIONS OF SIMILAR SIZE AND REGION. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST. PART XII, LINE 2C COMMITTEE REVIEWS REVIEWED FINANCIAL STATEMENTS.

00152091

## SCHEDULE R (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

(c)

(d)

(e)

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

2014 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

REACH THE CHILDREN, INC.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Employer identification number \*\*-\*\*\*9622

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year	rassets	Direct cor enti		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one	or more related	I tax-exemp	ot	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct cont entity	rolling	Section 5 contro entit	olled
BOUNTIFUL RESOURCES FOUNDATION - 01-0563957	RAISING REVENUE TO SUPPORT			501(c)(3))		+	Yes	No
500 CROSSKEYS OFFICE PARK	THE OPERATING EXPENSES OF			PRIVATE				
FAIRPORT, NY 14450	REACH THE CHILDREN, INC	NEW YORK	501(C)3	FOUNDATION	N/A			X

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

Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

organizations trouted as a partitioning defining the tarry year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
											<del>                                     </del>
	1										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	CIIL	o)(13) olled
		43							

1a

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

432163 08-14-14		44		Schedule F	R (Forn	1 990)	2014				
(6)											
(5)											
(4)											
(3)											
(2)											
(1)											
<u> </u>	(a) me of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d)  Method of determining amount inv	olved						
	roperty from related organization(s)above is "Yes," see the instructions for information on w				<b>1</b> s		X				
	roperty to related organization(s)				1r		X				
<b>q</b> Reimbursement paid by rel	ated organization(s) for expenses				1q	^					
<b>p</b> Reimbursement paid to rela	ated organization(s) for expenses				1p	Х	Х				
<ul> <li>Sharing of paid employees</li> </ul>	with related organization(s)				10	^					
	nent, mailing lists, or other assets with related organizati				1n	х	X				
Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)											
I Performance of services or	membership or fundraising solicitations for related orga	anization(s)			11		X				
k Lease of facilities equipme	ent, or other assets from related organization(s)				1k		X				
j Lease of facilities, equipme	ent, or other assets to related organization(s)				1j		X				
i Exchange of assets with re	lated organization(s)				1i		X				
h Purchase of assets from re	ganization(s) lated organization(s)				1h		X				
f Dividends from related orga	anization(s)				1f 1g		$\frac{x}{x}$				
							v				
	py related organization(s)				1e		X				
	bution from related organization(s) o or for related organization(s)				1c 1d		X				
	•				1b		X				

Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.	)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.	)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	o
	1											
	1											
	1											
	1											
	-											
				$\vdash$				$\vdash$	$\vdash$	-	$\vdash$	+
	-											
	-											
				$\sqcup$							$\sqcup$	
	1											
	1											
				$\vdash$								
	1											
	-											
				$\vdash$				-	-		$\vdash \vdash$	+
				$\sqcup$								
	1											
	•		•					•		•		000\ 0044

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	PROJECTOR	08080	2SL	5.00	16	2,591.			2,591.	2,591.		0.
2	LAPTOP COMPUTER	03170	7200DE	5.00	17	2,125.			2,125.	2,125.		0.
3	COMPUTER	08091	1200DE	5.00	17	394.			394.	205.		121.
	PRINTER	08091	1200DE	5.00	17	99.			99.	52.		30.
	* TOTAL 990 PAGE 10 DEPR					5,209.		0.	5,209.	4,973.	0.	151.

# **Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return. ► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

REA	CH THE CHILDREN, IN	IC.		FORM	990 P.	AGE 10		**-***9622
Par	t I Election To Expense Certain Proper	ty Under Section 1	79 Note: If you have	e any listed	d property, c	complete Part	V before y	ou complete Part I.
1 M	laximum amount (see instructions)			-			1	500,000.
<b>2</b> To	otal cost of section 179 property place							
	hreshold cost of section 179 property							2,000,000.
	eduction in limitation. Subtract line 3 f							
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married filing sepa	rately, see ins	structions		5	
6	(a) Description of pro	perty	(b) C	ost (business	use only)	(c) Elected	cost	
<b>7</b> Li	sted property. Enter the amount from	line 29			7			
8 T	otal elected cost of section 179 proper	rty. Add amounts	in column (c), line	s 6 and 7			8	
9 T	entative deduction. Enter the <b>smaller</b>	of line 5 or line 8					9	
	arryover of disallowed deduction from							
<b>11</b> B	usiness income limitation. Enter the sr	naller of business	s income (not less t	than zero)	or line 5		11	
<b>12</b> S	ection 179 expense deduction. Add lir	nes 9 and 10, but	do not enter more	than line	11		12	
	arryover of disallowed deduction to 20				▶ 13			
	Do not use Part II or Part III below for	listed property. I	nstead, use Part V.					
Par	t II Special Depreciation Allowar	nce and Other D	epreciation (Do n	<b>ot</b> include	listed prope	erty.)		
<b>14</b> S	pecial depreciation allowance for quali	fied property (oth	ner than listed prop	erty) plac	ed in service	e during		
th	ne tax year						14	
<b>15</b> P	roperty subject to section 168(f)(1) ele	ction					15	
							16	
Par	t III MACRS Depreciation (Do not	t include listed pr	operty. <b>)</b> (See instru	uctions.)				
			Castian	A				
			Section					4 54
17 N	IACRS deductions for assets placed in	n service in tax ye					17	151.
	you are electing to group any assets placed in servi	ice during the tax year	ears beginning before into one or more general	ore 2014 asset accoun	its, check here	<u></u> ▶ □		_
		ice during the tax year	ears beginning before into one or more general to be pring 2014 Tax	ore 2014 asset accoun	its, check here	<u></u> ▶ □		_
	you are electing to group any assets placed in servi	ice during the tax year	ears beginning before into one or more general	asset accoun  X Year Us iation nt use	its, check here	<u></u> ▶ □	tion Syst	_
	you are electing to group any assets placed in servi Section B - Assets	Placed in Servic  (b) Month and year placed	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery	eral Deprecia	tion Syst	em
18 If	you are electing to group any assets placed in servi Section B - Assets  (a) Classification of property	Placed in Servic  (b) Month and year placed	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery	eral Deprecia	tion Syst	em
18 If	Section B - Assets  (a) Classification of property  3-year property	Placed in Servic  (b) Month and year placed	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery	eral Deprecia	tion Syst	em
18 If 19a	Section B - Assets  (a) Classification of property  3-year property  5-year property	Placed in Servic  (b) Month and year placed	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery	eral Deprecia	tion Syst	em
18 If y	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property	Placed in Servic  (b) Month and year placed	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery	eral Deprecia	tion Syst	em
19a b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property	Placed in Servic  (b) Month and year placed	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery	eral Deprecia	tion Syst	em
19a b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property	Placed in Servic  (b) Month and year placed	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery	eral Deprecia	tion Syst	em
19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property	Placed in Servic  (b) Month and year placed	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery period	eral Deprecia	tion Syst	em
19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property	Placed in Servic  (b) Month and year placed	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery period	eral Deprecia  (e) Convention	tion System (f) Method	em
19a b c d e f g	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property	cice during the tax year  Placed in Servic  (b) Month and year placed in service	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprecount (business/investme	asset accoun  X Year Us iation nt use	its, check here ing the Gen (d) Recovery period  25 yrs. 27.5 yrs.	eral Deprecia (e) Convention	s/L	em
19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property	cee during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprece (business/investme only - see instruct	asset account x Year Us inition int use ions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L	em  (g) Depreciation deduction
19a b c d e f g	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property	cee during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprece (business/investme only - see instruct	asset account x Year Us inition int use ions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L	em  (g) Depreciation deduction
19a b c d e f g	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property	cee during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprece (business/investme only - see instruct	asset account x Year Us inition int use ions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L	em  (g) Depreciation deduction
19a b c d e f g h	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P	cee during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprece (business/investme only - see instruct	asset account x Year Us inition int use ions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	em  (g) Depreciation deduction
19a b c d e f g h i	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  40-year	cee during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprece (business/investme only - see instruct	asset account x Year Us inition int use ions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM	S/L	em  (g) Depreciation deduction
19a b c d e f g h i	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  40-year	cee during the tax year  Placed in Servic  (b) Month and year placed in service  // // // //	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprece (business/investme only - see instruct	asset account x Year Us inition int use ions)	25 yrs. 27.5 yrs. 39 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	em  (g) Depreciation deduction
19a b c d e f g h i 20a b c	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  40-year	cee during the tax year  Placed in Service  (b) Month and year placed in service  /  /  /  /  /  laced in Service	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprece (business/investme only - see instruct	Asset account in the second se	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	em  (g) Depreciation deduction
19a b c d e f g h i 20a b c Par 21 L	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  40-year  Section Section Sections.)	lice during the tax year  Placed in Service  (b) Month and year placed in service  /  /  /  /  /  /  /  /  /  /  /  /  /	ears beginning before into one or more general to the During 2014 Tax (c) Basis for deprece (business/investme only - see instruct only - see inst	ere 2014 asset account x Year Us iniation int use ions)  Year Usin	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 40 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	em  (g) Depreciation deduction
19a b c d e f g h c Par 21 L 22 T E	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  40-year  **Tule **Summary** (See instructions.) isted property. Enter amount from line otal. Add amounts from line 12, lines inter here and on the appropriate lines	cee during the tax year  Placed in Service  (b) Month and year placed in service  /  /  /  /  /  /  /  /  /  /  /  4 through 17, lin of your return. Page of the service of the service of your return. Page of your service of the service of your return. Page of your return.	ears beginning before into one or more general to the During 2014 Tax  (c) Basis for deprece (business/investme only - see instruct)  During 2014 Tax  es 19 and 20 in co cartnerships and 5 of cartnerships are cartnerships and 5 of cartnerships are cartnerships and 5 of cartnerships are cartnerships are cartnerships and 5 of cartnerships are cartnersh	Year Using lumn (g), a corporation	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	em  (g) Depreciation deduction
19a b c d e f g h i 20a b c Par 21 L 22 T E 23 F	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  40-year  t IV Summary (See instructions.)  isted property. Residential rental property isted property.	cee during the tax year  Placed in Service  (b) Month and year placed in service  /  /  /  /  /  /  /  /  /  /  /  28	ears beginning before into one or more general e During 2014 Tax  (c) Basis for deprece (business/investments) and years are instruct  During 2014 Tax  es 19 and 20 in coartnerships and Soartnerships and Soartn	Year Using lumn (g), a corporationer the	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	eral Deprecia  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	em  (g) Depreciation deduction

19461116 101824 0015209

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

through (c) of S	Section A, all	of Section B, an	nd Section C if ap	olicable.		•			<i>0</i> y		
Section A -	Depreciation	on and Other In	formation (Cauti	on: See t	he instruc	tions for li	mits for pa	sseng	er automobiles.)		
24a Do you have evidence to s	support the bu	siness/investment	use claimed?	Yes	☐ No	<b>24</b> b If "Y	es," is the	evide	nce written?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	Basis for o	depreciation /investment only)	(f) Recovery period	(g) Metho Conver	od/	(h) Depreciation deduction	Elec section co	n 179
25 Special depreciation allo	owance for q	ualified listed pre	operty placed in s	service du	iring the t	ax year an	d				
used more than 50% in	a qualified b	usiness use						25			
26 Property used more tha	n 50% in a c	ualified busines	s use:				_		_		
	: :	%									
	: :	%									
	: :	%									
27 Property used 50% or le	ess in a quali	fied business us	se:								
	: :	%					S/L -				
	: :	%					S/L -				
	: :	%					S/L -				
28 Add amounts in column	(h), lines 25	through 27. Ente	er here and on lin	e 21, pag	e 1			28			
29 Add amounts in column	(i), line 26. E	nter here and or	n line 7, page 1 .						29		
		Sec	ction B - Informa	tion on U	se of Vel	nicles			•		
Complete this section for ve	hicles used	by a sole proprie	etor, partner, or of	her "more	e than 5%	owner," o	or related	oerson	. If you provided	l vehicles	;
to your employees, first ans	wer the ques	stions in Section	C to see if you m	eet an ex	ception to	o completi	ng this se	ction f	or those vehicles	<b>3.</b>	

30 Total business/investment miles driven during the year (do not include commuting miles)	Veh	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<ul><li>31 Total commuting miles driven during the year</li><li>32 Total other personal (noncommuting) miles driven</li></ul>													
33 Total miles driven during the year.  Add lines 30 through 32				•									
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No											
35 Was the vehicle used primarily by a more than 5% owner or related person?													
36 Is another vehicle available for personal use?													

## Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	o you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your						
	employees?						
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your						
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners						
39	39 Do you treat all use of vehicles by employees as personal use?						
40	Do you provide more than five vehicles to your employees, obtain information from your employees about						
	the use of the vehicles, and retain the information received?						
41	Do you meet the requirements concerning qualified automobile demonstration use?						
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.						
P	art VI Amortization						

Part VI Amortization							
(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortizati period or perc		<b>(f)</b> Amortization for this year	
42 Amortization of costs that begins during your 2014 tax year:							
	: :						
	: :						
43 Amortization of costs that began before your 2		43					
44 Total. Add amounts in column (f). See the inst	44						

Form 4562 (2014)

416252 01-08-15

Form 886	8 (Rev. 1-2014)					Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this	s box		<b>▶</b> X	
	ly complete Part II if you have already been granted a						
	are filing for an Automatic 3-Month Extension, comp						
Part II				al (no co	opies needed	d).	
	,			•	ng number, see	-	
Type or	Name of exempt organization or other filer, see inst	tructions.			r identification n		
print							
File by the	REACH THE CHILDREN, INC.				**_***9	622	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box 14 CHESHAM WAY	, see instruc	tions.	Social se	Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a FAIRPORT, NY 14450	a foreign add	dress, see instructions.				
Enter the	Return code for the return that this application is for (	(file a separa	tte application for each return)			[0 1]	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01					
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	PF	04	Form 5227			10	
Form 990	I-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	I-T (trust other than above)	06	Form 8870			12	
STOP! D	o not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a prev	iously file	ed Form 8868.	•	
● If this box ▶ 4 I re 5 For 6 If th	organization does not have an office or place of busing is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box . quest an additional 3-month extension of time until calendar year 2014, or other tax year beginning the tax year entered in line 5 is for less than 12 months. Change in accounting period the in detail why you need the extension DITIONAL TIME IS NEEDED TO	and atta NOVEM  , check reas	emption Number (GEN) I ach a list with the names and EINs of BER 15, 2015, and ending son: Initial return	f this is for fall memb	r the whole grou ers the extension		
b If the tax	nis application is for Forms 990-BL, 990-PF, 990-T, 472 arefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 60 payments made. Include any prior year overpayment eviously with Form 8868.  ance due. Subtract line 8b from line 8a. Include your	69, enter an allowed as a	y refundable credits and estimated a credit and any amount paid	8a 8b	\$	0.	
	TPS (Electronic Federal Tax Payment System). See ins		ar and form, it required, by doing	8c	\$	0.	
			st be completed for Part II		<u>                                     </u>		
Under pen it is true, c	alties of perjury, I declare that I have examined this form, incl orrect, and complete, and that I am authorized to prepare this	uding accomp	•	-	f my knowledge a	nd belief,	
Signature	► Title ►	EXECU'	TIVE DIRECTOR	Date	•		
g a.cui 0	11110		<del></del>	Date	•	3 (Rev. 1-2014)	

## 2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -REACH THE CHILDREN, INC.

Asset No.	Description	Dat Acqui	e ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	PROJECTOR	0808	302	SL	5.00	16	2,591.			2,591.	2,591.		0.
2	LAPTOP COMPUTER	0317	707	200DB	5.00	17	2,125.			2,125.	2,125.		0.
3	COMPUTER	080	911	200DB	5.00	17	394.			394.	205.		121.
4	PRINTER	0809	911	200DB	5.00	17	99.			99.	52.		30.
	* TOTAL 990 PAGE 10 DEPR						5,209.		0.	5,209.	4,973.	0.	151.

## **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2014

Open to Public Inspection

### 1.General Information 01/01/2014 and Ending (mm/dd/yyyy) 12/31/2014 For Fiscal Year Beginning (mm/dd/yyyy) Check if Applicable: Name of Organization: Employer Identification Number (EIN): \*\*-\*\*\*9622 REACH THE CHILDREN, Name Change Mailing Address: NY Registration Number: 06-78-61 14 CHESHAM WAY Initial Filing J Final Filing City / State / ZIP: Telephone: 3344 FAIRPORT, NY 14450 585 223 Amended Filing $oldsymbol{ol}}}}}}}}}}}}}$ \endremting Reg ID Pending probability Figure 9 and Fi Email: Website: HTTP://WWW.REACHTHECHILDREN.ORG/ Check your organization's Find your registration category in the $\Box$ EPTL only X DUAL (7A & EPTL) ☐ 7A only registration category: Charities Registry at www.CharitiesNYS.com 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. MARY HARRIS EXECUTIVE DIRECTOR President or Authorized Officer: Signature Print Name and Title Date Chief Financial Officer or Treasurer: Signature Print Name and Title Date 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions). 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for a checklist of for fund raising activity in NY State? If yes, complete Schedule 4a. schedules and attachments to No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. complete your filing. 5. Fee See the checklist on the 7A filing fee: EPTL filing fee: Total fee: Make a single-check or money order next page to calculate your payable to: fee(s). Indicate fee(s) you "Department of Law"

25.

00152091

25.

are submitting here:

50.

## **CHAR500**

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

## **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (  If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500:    X   IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable   X   All additional IRS Form 990 Schedules including Schedule B (Schedule of Con IRS Form 990-T if applicable	tributors).
f you are a 7A only or DUAL filer, submit the applicable independent Certified Public  X Review Report if you received total revenue and support greater than \$250,000  Audit Report if you received total revenue and support greater than \$500,000  No Review Report or Audit Report is required because total revenue and support	0 and up to \$500,000.
Note: The Audit and Review requirements are set to change in 2017 and 2021 in acc For more details, visit <u>www.CharitiesNYS.com.</u>	cordance with the Non Profit Revitalization Act of 2013.
Calculate Your Fee  For 7A and DUAL filers, calculate the 7A fee:  \$0, if you marked the 7A exemption in Part 3a  \$25, if you did not mark the 7A exemption in Part 3a	<ul> <li>Is my organization a 7A, EPTL or DUAL filer?</li> <li>- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")</li> <li>- EPTL filers are registered under the Estates, Powers &amp; Trust Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.</li> <li>- DUAL filers are registered under both 7A and EPTL.</li> </ul>
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you marked the EPTL exemption in Part 3b  \$25, if the NET WORTH is less than \$50,000  \$50, if the NET WORTH is \$50,000 or more but less than \$250,000  \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000  \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000  \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000  \$1500, if the NET WORTH is \$50,000,000 or more	Check your registration category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a> Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:  - IRS From 990 Part I, line 22  - IRS Form 990 EZ Part I, line 21  - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

## **Send Your Filing**

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271