Form 990

Return of Organization Exempt From Income Tax

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

<u>A</u>	For the	2015 calend	lar year, or tax year begi	nning	07-	01 , 2015, and e	nding	06.	-30 ,2016		
8	Chock if	applicable:	C Name of organization GRO1	TH THROUGH LE	ARNING INC				D Employer identification no.		
	Address	change	Doing business as				<u>-</u>	\Box	04-3372808		
0 ,	Name ch	ange	Number and street (or P.O. bo	ox if mail is not delivered to s	treet address)	•	Room/sulte		E Telephone number		
	nitial ret	ייש	PO BOX 390975						(617)684-5572		
Ħ,	Final retu	im/terminated	City or town, state or province	, country, and ZIP or foreign	postal code		•	\neg	310,417		
☴ .	Amended		Cambridge, MA	•	•			L	G Gross receipts \$		
☴		on pending	F Name and address of princips	•	MWANGI		1				
_	*		Same as C abov				H(a) is this a g subordina	roup retu	ım for Yes 🔀 No		
	Гах-охел	npt status:) ((insert no.)	4947(a)(1) or	527	_				
	Website:		GROWTHTHROUGHLE				H(c) Group ex	o," attaci	es included?		
			Corporation Trust Ass			L Year of formation: 1			I domicile: MA		
	rtl	Summar		COLUMN CORA >		E Year Grionitation.	1337 m 0.00.	, or reger	· ounicia. Par		
	1		the the organization's miss	rion or most significant	activities: GBA	WTH THROUGH	LPADMING TO	3 6	PCIII.AD		
	1.	•	TION THAT SUPPORT								
8	1	•									
Activities & Governance	1		Y SCHOOLS FOR BRI				OGRADA WEO	HOU.	LD VINDRWIDD		
Æ	١.,		E TO APFORD AN EI $ox \triangleright \Box$ if the organization				el ito est socia				
ğ	2		_					۱.	1 .		
45	3		oting members of the gove				• • • • • • • •	3			
8	4		ndependent voting member			,	• • • • • • •	4	<u> </u>		
Ĩ	5		r of individuals employed in	•	•	• • • • • • • • •	• • • • • • •	5	1		
₹	6		r of volunteers (estimate if	• •			• • • • • • •	6	10		
	7a		ed business revenue from				• • • • • • •	7a	0		
	<u> </u>	Net unrelate	d business taxable income	from Form 990-T, line	334	· · · · · · · · · · · · · · · · · · ·	• • • • • • •	7b	0		
Revenue	1					-	Prior_Year		Current Year		
	8	Contributions	s and grants (Part VIII, line	1h)		• • • • • • • •	261	L,739	308,612		
	9	Program ser	vice revenue (Part VIII, lin	e 2g)		• • • • • • • •			0		
₹	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)	· · · · · · · · · ·	<u> </u>	2	2 <u>,36</u> 2	1,805		
æ	11	Other revenu		0							
	12	Total revenue	1,101	310,417							
	13	Grants and s	imilar amounts paid (Part	IX, column (A), lines 1	-3)		132	,071	113,374		
	14	Benefits paid to or for members (Part IX, column (A), line 4)							0		
_	15	Salaries, oth	er compensation, employe	e benefits (Part IX, col	umn (A), lines 5-10)) <u> </u>	48	461	74,711		
8	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)		[
Expenses	Ь	Total fundrai	sing expenses (Part IX, co	tumn (D), line 25) 🕨		33,172					
五	17		ses (Part IX, column (A), li				64	,650	41,278		
	18	•	es. Add lines 13-17 (musi				245	, 182	229,363		
	19	-	s expenses. Subtract line				18	3,919	81,054		
<u> </u>			ν				Beginning of Curren		End of Year		
	20	Total assets	(Part X, line 16)			. <i></i> . [256	,218	341,616		
碧	21	Total liabilitie	es (Part X, line 26)		. .	[9	,766	14,110		
Net Assets or Fund Balances	22		r fund balances. Subtract	line 21 from line 20 .		. <i></i> [246	, 452			
	rt II	Signatu	re Biock								
Under	penaltie	s of pertury, I deck	are that I have examined this return	n, including accompanying so	chedules and statements	s, and to the best of my kr	nowledge and belief, it	is			
true, c	orroct, a	nd complete. Deck	aration of preparer (other than offic	cer) is based on all informatio	n of which preparer has	алу кложнеоде.					
		DONN	A LABORIK								
Sig	n		e of officer		<u> </u>			Date	• ,		
Her	e	DONN	A LAZORIK, VICE P	RESIDENT							
	_		print name and title								
		Print/Type pre	parer's name	Preparer's signature		Date	Check 🐰	# P	PTIN		
Paid	d		*	Nicolas E DiDo	nato CPA	10-04-2016	setf-employ		P01615268		
	- pare:			E DiDonato CPJ			Firm's EIN ▶				
	Only			e Street			Phone no.				
			_	MA 01742			1	78-6	37-2078		
•	Man IDI	C discuss this	notion with the property of		ructions)				. X Yes No		

Form	n 990 (2015) GROWTH THROUGH LEARNING INC	4-3372808	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any tine in this Part III	• • • • • •	<u>□</u>
1	Briefly describe the organization's mission:		
	GROWTH THROUGH LEARNING IS A SECULAR ORGANIZATION THAT SUPPORTS EDUCATION AND	DEVELOPME	et by
	PROVIDING FULL SCHOLARSHIPS TO SECONDARY SCHOOLS FOR BRIGHT YOUNG WOMEN IN KEN		
	UGANDA WEO WOULD OTHERWISE BE UNABLE TO AFFORD AN EDUCATION. SEE SCHO O FOR FU	LL MISSIO	I.
	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	□ vos	F 46
	If "Yes," describe these new services on Schedule O.	163	
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	зу	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs,	
	the total expenses, and revenue, if any, for each program service reported.		
			
4a		5	}
	DURING PY 2016, GTL AWARDED 187 SECONDARY SCHOOL SCHOLARSHIPS FOR BOARDING SCH		
	56 IN KENYA, 117 IN UGANDA, AND 34 IN TANZANIA. A TOTAL OF 71 GTL SCHOLARS GRA SECONDARY SCHOOL EAST APRICA IN HOVEMBER 2015	DUATED PRO)N
	SECURDARY SCHOOL BAST AFRICA IN HOVEMBER 2015		
		- · -	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)
	A Department of the Company of the C		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
			
		-	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
40	Total program service expenses ▶ 148,425		

Form 990 (2015)

04-3372808

Form 990 (2015) GROWTH THROUGH LEA Part IV Checklist of Required Schedules

		1		T
	le the consciention described in rection EOS/aV/O) or 4047/aV/A) (althoughour a minute for addition) O H EV/a E		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	2	X	_
2			^	
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)	-		^
4	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,	-		<u> </u>
9	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	⊦╸		A
U	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,			_
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-	-	_
8	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			_
9	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	-		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		
••	VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, fine 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D; Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			-
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	miles to the state of the state	,,,,		**
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	***		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	***		
	Schedule D. Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
ь	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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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 il	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Form 990 (2015) GROWTH THROUGH LEARNING INC 04-3372808 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to fine 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 249 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filling thresholds, conditions, and exceptions): 28a X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c X was an officer, director, trustee, or direct or indirect owner? if "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 Did the organization flouidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

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

37

38

X

37

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 **3**b 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 42 X b If "Yes." enter the name of the foreign country: > See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods **7a** and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e **7**f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization (ite Form 8899 as required? 7g If the organization received a contribution of cars, boats, similares, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources **12a** Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b b

<u> </u>		Commence Management Automorphism Inc.	04-33720	00		age v
Pa	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through		'No"		
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule				=
_		Check if Schedule O contains a response or note to any line in this Part VI	• • • • • • • • • •	• • •	• • •	<u> </u>
<u> </u>	TION A	Governing Body and Management				
	_		1		Yes	No
1a		ne number of voting members of the governing body at the end of the tax year	1a 9	'		İ
	If there	are material differences in voting rights among members of the governing body, or				
	if the go	overning body delegated broad authority to an executive committee or similar				
	commit	lee, explain in Schedule O.				
þ	Enter th	e number of voting members included in line 1a, above, who are independent	1b 9			
2	Did any	officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any oth	er officer, director, trustee, or key employee?	• • • • • • • • •	2		X
3	Did the	organization delegate control over management duties customarily performed by or under the direct				
	supervi	sion of officers, directors, or trustees, or key employees to a management company or other person?	• • • • • • • • •	3	_	X
4	Did the	organization make any significant changes to its governing documents since the prior Form 990 was file	d?	4		X
5	Old the	organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the	organization have members or stockholders?		6		X
7a	Did the	organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or i	nore members of the governing body?		7a_		X
b	Are any	governance decisions of the organization reserved to (or subject to approval by) members,				
	stockho	Iders, or persons other than the governing body?		7b		X
8	Did the	organization contemporaneously document the meetings held or written actions undertaken during				
	the year	by the following:				[
a	The gov	verring body?	• • • • • • • •	8 a	X	
b	Each o	mmittee with authority to act on behalf of the governing body?		86	X	
9	is there	any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the orga	nization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> </u>
Sec	tion B.	Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)			
					Yes	No
10a	Did the	organization have local chapters, branches, or affiliates?	• • • • • • • •	10a		X
b	If "Yes,	did the organization have written policies and procedures governing the activities of such chapters,				
	affiliate:	s, 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 filling	ng the form?	11a	X	<u> </u>
þ	Describ	e in Schedule O the process, if any, used by the organization to review this Form 990.		i		
12a		organization have a written conflict of interest policy? If "No," go to line 13	• • • • • • • •	12a	X	<u> </u>
b		fficers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X	<u> </u>
C	Did the	organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describ	e in Schedule O how this was done	• • • • • • • • •	12c	X	<u> </u>
13		organization have a written whistleblower policy?	• • • • • • • • •	13		X
14		organization have a written document retention and destruction policy?	• • • • • • • • •	14		X
15		process for determining compensation of the following persons include a review and approval by				
		dent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				۱
8	-	anization's CEO, Executive Director, or top management official	• • • • • • • • •	15a		X
þ		fficers or key employees of the organization	• • • • • • • • •	15b	X	<u> </u>
		to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a		organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		_		
		exable entity during the year?	• • • • • • • • •	16a		X
þ		did the organization follow a written policy or procedure requiring the organization to evaluate its				
		ation in joint venture arrangements under applicable federal tex law, and take steps to safeguard the		464		X
000		ation's exempt status with respect to such arrangements?	• • • • • • • • •	16b		
		Disclosure	<u> </u>			
17		states with which a copy of this Form 990 is required to be filed MA 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6)	501(c)(3)e ortu)			
18			JU I (U)(U)(S UI IIY)			
	_	e for public inspection. Indicate how you made these available. Check all that apply. n website	1			
40		n website Another's website 🔀 Upon request 📙 Other (explain in Schedule C e in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	•			
19			ios policy, arti			
~~		I statements available to the public during the tax year. e name, address, and telephone number of the person who possesses the organization's books and rec	ords. >			
20		e name, address, and telephone number of the person who possesses the organizations cooks and text TIRU MWANGI (617)684-5572, PO BOX 390975, Cambridge, MA 02139	Ji G.G.			
	MAN	TAU MMANUT (011)004-33151 FO DAN 3303131 COMPTIGAC NE CETS				

Form	990	(2015)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated 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 nor any relate	d organizatio	п сот	ens	ated	any	/ curre	nt of	fficer, d irec tor, or tr	ustee.		
		Γ.			(C)						
		ŀ		Pos	sition					-	
(A)	(B)	(do not check more than one				(0)	(E)	(F)			
Name and Title	Average hours per					s both at		Reportable compensation	Reportable compensation from	Estimated amount of other	
	week (list any	OTH	et an	a a cu	recto	r/trustee))	from	related		
	hours for		-		-		-	the	organizations	compensation	
	related	individual Inustee or director	TS SE	Officer	Say amployed	1	9	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
•	organizations below dotted	9.5	-	4	T T	3 3	8	(W-2 IUSS-MICC)		and related	
	line)	<u> </u>	4		Ş] - g				organizations	
		3	nstitutional trustes		•	employee					
			•			1 5					
				_							
(1) HAHCY DOUGHERTY	5.00										
President		X		X					0	0	
(2) DONNA LAZORICK	3.00										
VICE PRESIDENT		X		X				0	0	0	
(3) WILSON MURAGA	2.00										
TREASURER		X		X				a	0	0	
(4) CONSTANCE MONTROSS	2.00										
CLERK		X		X				0	0	0	
(5) KATHLEEN SMITE MCILWAIN	1.00										
BOARD MEMBER		_X_						0	0_	0	
(6) RICHARD JEHSEH	1.00										
BOARD MEMBER		X						0	0	0	
(7) ART FITZGERALD	1.00										
BOARD MEMBER		X							0	0	
(8) LOUIS PAZEN	1.00										
BOARD MEMBER		X						0	0	0	
(9) CREIGHTON PEET	1.00										
BOARD MEMBER		Х						0	0	_ 0	
(10)MARY SCHWARTS	1.00										
BOARD MEMBER		X						0	0	0	
(11)WAHJIKU MMANGI	32.00										
EXECUTIVE DIRECTOR				X	X			68,000	0	0	
(12)		· -						i			
	<u> </u>			\Box						-	
(13)											
(14)				\Box				·	<u> </u>		
4											

Form 990 (2015) GROWTH THROUGH LEARNING INC. 04-3372808 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) **Position** (A) (D) (E) **(F)** (B) (do not check more than one Name and title Average Reportable Reportable Estimated box, unless person is both an compensation compensation from amount of hours per officer and a director/trustee) veek (list any trom related other compensation omanizations HOLENI (BROMADIE tho hours for (W-2/1099-MISC) related omanization from the (W-2/1099-MISC) rganizations organization and related below dotted line) organizations (19)_______ (20) (21)____ c Total from continuation sheets to Part VII. Section A 68,000 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) Description of services Componsation Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part		Statement of Revenue Check if Schedule O contains a response or r	note to any line in th	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(0) Revenue excluded from tax under sections 512-514
25	1a	Federated campaigns 1a			-		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				1	
ÖĔ	C	Fundraising events 1c					
₽'n	d	Related organizations 1d					
۵Ę	e	Government grants (contributions) 1e]			
<u> </u>	1	All other contributions, gifts, grants,]			
35		and similar amounts not included above 1f	308,612				
至 0	g	Noncash contributions included in lines 1a-1f: \$]			
88	h	Total. Add lines 1a-1f	. 	308,612			
			Business Code				
ş	2a			_			
į	Ь				<u>.</u>		
Service Revenue					 		
į	d						<u></u>
E			L				<u> </u>
Program	f	All other program service revenue					
	9	Total. Add lines 2a-2f					<u> </u>
		Investment income (including dividends, interest,					
		and other similar amounts)		1,805			1,80
		Income from investment of tax-exempt bond proc					
	5	Royalties	· · · · · · · · · · · · · · · · · · ·				
		(I) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
		Rental income or (loss)	<u> </u>				İ
	d	Net rental income or (loss)	<i>.</i> ▶				ļ
		Gross amount from sales of assets other than inventory	(ii) Other				
		Less: cost or other basis and sales expenses					
	1	Gain or (loss)					
		Net gain or (loss)	·				
9		Gross income from fundralsing					
Other Revenu	1	events (not including \$					
<u>\$</u>	ľ	of contributions reported on line 1c).					-
<u>\$</u>		See Part IV, line 18					
8	ь	Less: direct expenses b					
	C	Net income or (loss) from fundralsing events .					
	9a	Gross income from garning activities.					
		See Part IV, line 19					
	ь	Less: direct expenses b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					
	Ť	Miscellaneous Revenue	Business Code				
	11a			l			
	Ь						
	C						
	d	All other revenue					
		Total. Add lines 11a-11d					
		Total same Conjucturations	_	310 417			1.809

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 <u>.......</u>.. (A) Total expenses Do not include amounts reported on lines 6b, 7b, (C) Program service expenses Manage Management and general expenses Fundralsing 8b, 9b, and 10b of Part VIII. OXDERSES Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 113,374 113,374 Compensation of current officers, directors. 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 69,316 28,569 21,159 19,588 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 1,619 5,395 2,158 1,618 10 Fees for services (non-employees): Legal....... 2,053 2,053 Professional fundraising services. See Part IV, line 17 . Other. (If line 11g amount exceeds 10% of line 25, column 80 (A) amount, list line 11g expenses on Schedule O.) . . 80 7,760 7.760 12 13 14 Information technology 2,645 2,645 15 9,000 20 9,020 16 263 263 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 633 Conferences, conventions, and meetings 633 19 20 21 294 294 22 Depreciation, depletion, and amortization 2,288 2,288 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.) BANK FEES 3,836 3,836 7,010 7,010 PROFESSIONAL PEES 1,460 2,757 OFFICE EXPENSES 4,217 C 225 954 1,179 PEES All other expenses 148,425 47,766 33,172 229,363 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 32,115 1 96,845 2 121,374 142,024 3 3 100,075 4 100,000 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Inventories for sale or use 8 Prepaid expenses and deferred charges 1,500 9 1,500 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D | 10a 1,541 Less: accumulated depreciation 10b 1,154 10c 1,247 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 256,218 16 341,616 17 17 9,766 14,110 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other flabilities not included on lines 17-24). Complete Part X 25 9,766 26 14,110 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete ilnes 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 327,506 27 246,452 28 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 33 327,506 33 246,452 34 Total liabilities and net assets/fund balances 256,218 341,616

Form	m 990 (2015) GROWTH THROUGH LEARNING INC	04-33	7280	B	P	age 12
Pa	Irt XI Reconciliation of Net Assets			-		
	Check if Schedule O contains a response or note to any line in this Part XI				<u>.</u>	<u>. 🛛 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		;	310,	417
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			229,	363
3	Revenue less expenses. Subtract line 2 from line 1	. 3			81,	054
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		:	246,452	
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				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		:	327,	506
Pa	rt XII Financial Statements and Reporting	_				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	<u>. 🗆</u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
28	Were the organization's financial statements compiled or reviewed by an independent accountant?			28	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					İ
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		x
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
Ī	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c	X	ľ
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		x
ь		- • • •	- ' '			 -
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

EEA

Form 990 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name	of the	organization					Employer Identifi	cation number
		THROUGH LEARNING INC					04-33728	
<u>Pa</u>	<u>rt I</u>	Reason for Public Charit	y Status (All o	rganizations must c	<u>omplete</u>	this par	t.) See instruction	ns.
The	Č	nization is not a private foundation bec	-	<u> </u>	-	•		
1	Ä	A church, convention of churches, or a	association of chur	rches described in sectio	ะก 170(b)([*]	1)(A)(I).		
2	Й	A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ).)		
3	Ц	A hospital or a cooperative hospital s	ervice organization	n described in section 17	70(b)(1)(A))(iii).		
4	Ш	A medical research organization oper	rated in conjunction	n with a hospital describe	ed in secti e	on 1 70 (b)((1)(A)(III). Enter the	
	_	hospital's name, city, and state:						
5	П	An organization operated for the bene	efit of a college or	university owned or oper-	ated by a	governmer	ntal unit described in	
	_	section 170(b)(1)(A)(iv). (Complete I	Part II.)					
6	П	A federal, state, or local government of	or governmental un	it described in section 1	70(b){1}(A	\)(v).		
7		An organization that normally receive	s a substantial par	t of its support from a go	vernmental	unit or fro	m the general public	
	_	described in section 170(b)(1)(A)(vi	•					
8	П	A community trust described in section	on 1 70(b)(1)(A)(v [). (Complete Part II.)				
9	X	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ions, meml	bership fees, and gros	SS
		receipts from activities related to its e	xempt functions -	subject to certain excepti	ions, and (2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bu	isiness taxable income (l	ess sectio	n 511 tax) 1	from businesses	
	_	acquired by the organization after Jur	ne 30, 1975.See 🕏	ection 509(a)(2). (Comp	lete Part II	1.)		
10		An organization organized and operat	ted exclusively to t	est for public safety. See	section 5	09(a)(4).		
11	П	An organization organized and operat	ted exclusively for	the benefit of, to perform	the function	ens of, or to	carry out the purpos	ses of
		one or more publicly supported organ	rizations described	l in section 509(a)(1) or	section 5	09(a)(2), S	iee section 509 (a)(3)	. Check
		the box in lines 11a through 11d that o	describes the type	of supporting organization	on and com	plete lines	11e, 11f, and 11g.	
	8		•	•	• • • •			•
		the supported organization(s) the	power to regularly	y appoint or elect a major	rity of the o	firectors o	r trustees of the supp	orting
		organization. You must complete	e Part IV, Section	s A and B.				
	b	Type II. A supporting organization	n supervised or co	ntrolled in connection wit	h its suppo	orted organ	nization(s), by having	
		control or management of the sup		•	rsons that	centrol or i	manage the supporte	d
		organization(s). You must comp	lete Part IV , Secti	ons A and C.				
	C	Type III functionally integrated.	• •	•	4	•	•	ith,
		its supported organization(s) (see	e instructions). You	must complete Part IV	, Sections	A, D, and	E.	
	d	Type III non-functionally integra		•			• • •	
		that is not functionally integrated.					nt and an attentivenes	S
		requirement (see instructions). Yo	u must complete	Part IV, Sections A and	ID, and Pa	art V.		
	•	Check this box if the organization	, .			s a Type I,	Type II, Type III	
		functionally integrated, or Type:lli	non-functionally in	ntegrated supporting org	anization.			
	f	Enter the number of supported organi			• • • • •	• • • • •	• • • • • • • • •	•••••
	g	Provide the following information about	ut the supported or	ganization(s).			,	
	(I)	Name of supported organization	(II) EIN	(B) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above (see instructions))	docum	r governing nent?	support (see instructions)	other support (see instructions)
					<u> </u>			
	_	<u> </u>			Yes	No		
(A)							•	
_								-
(B)					ļ			t.
								
(C)					1			
_					 	 		
(D)								
	-				 	 	-	
(E)								
_	_			 				
Tota	ı						l	

Schedule A (Form 990 or 990-EZ) 2015

EEA

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

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

Sec	tion A. Public Support	•				•			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by								
	each person (other than a					ľ			
	governmental unit or publicly								
	supported organization) included on								
	line 1 that exceeds 2% of the amount								
	shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4	_							
Sec	tion B. Total Support								
Caler	der year (or fiscal year beginning in) >	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10 .								
12	Gross receipts from related activities, etc. (s	ee instructions)				12			
13	First five years. If the Form 990 is for the or organization, check this box and stop here		<u></u> .				▶□		
	tion C. Computation of Public Su			(0)					
14	Public support percentage for 2015 (line 6, c		•		• • • • • • • •	14	<u> </u>		
15	Public support percentage from 2014 Sched						%		
16a	33 1/3% support test - 2015. If the organization and the support test - 2015 and the s						▶ □		
	box and stop here. The organization qualifies						••••		
D	33 1/3% support test - 2014. If the organization of the latest test - 2014 and the latest test - 2014.						▶ □		
4-	check this box and stop here. The organization-facts-and-circumstances test - 2015.			_					
17a	10%-racts-and-circumstances test - 2015. 10% or more, and if the organization meets	-							
	Part VI how the organization meets the "fact								
	organization						▶ □		
Ь	10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.								
	Explain in Part VI how the organization mee				-	rkv			
	supported organization						▶ □		
40	Private foundation. If the organization did r								
18	instructions						▶ □		

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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.)

Sec	ction A. Public Support					-	
Cal	endar year (or fiscal year beginning in) >	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	354,295	274,232	302,481	261,738	308,612	1,501,358
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	334,273	2747232	302,402	201,730	300,012	2,302,330
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities turnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	354,295	274,232	302,481	261,738	308,612	1,501,358
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • •						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)					İ	1,501,358
Sec	ction B. Total Support	<u></u>					-/
	andar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	354,295	274,232	302,481	261,738	308,612	1,501,358
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,012	3,399	2,330	2,362	1,805	13,908
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·					
C	Add lines 10a and 10b	4,012	3,399	2,330	2,362	1,805	13,908
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	358,307	277,631	304,811	264,100	310,417	1,515,266
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganization's first, se	cond, third, fourth, c	or fifth tax year as a	a section 501(c)(3)	• • • • • • • •	▶□
	ction C. Computation of Public Su						
15	Public support percentage for 2015 (line 8, co					15	99.08 %
16	Public support percentage from 2014 Schedu				<u> </u>	16	99.00 %
	ction D. Computation of Investme			(D)		47	1.00 %
17	Investment income percentage for 2015 (line			#TICT (T))	• • • • • • • • •	17	1.00 % 1.00 %
18	Investment income percentage from 2014 Sc					18	1.00 %
	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	organization qualif	ies as a publicly s	upported organizat	ion	▶ 🏻
b	33 1/3% support tests - 2014. If the organizatine 18 is not more than 33 1/3%, check this li	box and stop here.	The organization q	_l ualifies as a public	ly supported organ	nization	
20	Private foundation. If the organization did n	ot check a box on li	ne 14, 19a, or 19b.	, check this box and	a see instructions		P L

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Part IV Supporting Organizations

(Complete only if you checked a box in 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.)

St	ecti	on A.	All	Suppo	rtina	Organi	izations

- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	36		
	<u> 4a</u>		
	4b		
	4c		
	5a		
	5b		
	5c		
	6	-	
	7	-	
	8		
	9a		
			_
	9b		
	9c		
j	10a		
	10b		<u> </u>
A (F	16b orm 990	or 990	EZ) 201

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

Employer identification number

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/fc

GROWTH THROUGH LEARNING INC 04-3372808 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **3** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules 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) filling 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

wered "Yes" on Form 990, c, 11d, 11e, 11f, 12a, or 12b.

Department of the Troasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

GRO	WTH THROUGH LEARNING INC	04-3372808
Pai	<u> </u>	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds 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 grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified his	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
	easement on the last day of the tax year.	Held at the End of the Tax Year
8	Total number of conservation easements	2a
ь	Total acreage restricted by conservation easements	2b
C	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 terminated by the organization	ation during the
	tæx 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, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	int, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	·
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bat	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
ь	Assets included in Form 990, Part X	▶\$

Schedi	do D (Form 990) 2015 GROWTH THROUGH	LEARNING INC					04-33	72808		Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tre	asures, c	or Othe	r Similar A	sets (c		
3	Using the organization's acquisition, accession,	and other records, c	heck any o	f the followi	ng that are a	a significa	int use of its			
	collection items (check all that apply):									
a	Public exhibition	d 🔲 Los	ın or excha	nge progra	ms					
b	Scholarly research	e 🗌 Oth	er							
C	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explain ho	ow they fur	ther the orga	anization's e	exempt pu	rpose in Part			
	XIII.									
5	During the year, did the organization solicit or re		•	-		ilar			_	_
	assets to be sold to raise funds rather than to be		of the orga	anization's c	collection?	• • •			Yes	∐ No
Par	t IV Escrow and Custodial Arrang								_	
	Complete if the organization ar	nswered "Yes" o	n Form 9	90, Part	IV, line 9,	, or repo	orted an amo	ount on	Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian o	or other intermediary	for contribu					_	1	п
_	included on Form 990, Part X?		• • • • •	• • • • •	• • • • •	• • • • •	• • • • • • •	· · · L	Yes	⊔ĸ
b	If "Yes," explain the arrangement in Part XIII and	d complete the follow	ring table:			-	, -			
						-	 	Imount		
C	Beginning balance						 	_		
đ		• • • • • • • • •					 			
•		• • • • • • • • •				· • 10	 			
_1	Ending balance					11			14	<u> </u>
2a	Did the organization include an amount on Form		-			•	• • • • •		Yes	
	If "Yes," explain the arrangement in Part XIII. Cl	neck nere if the expa	ination has	been provi	ded on Part	<u>XIII . </u>	• • • • • •	• • • • •	••••	
Par		anyorod "Voc" o	n Earm (OO Doe	IV line 1/	n				
	Complete if the organization ar						40 3			. b. a.e.l.
4-	Basissian of was balance	(a) Current year	(b) Pri	or year	(c) Two years	S DEICK	(d) Three years bac	× (0) F	our years	Dack
18	Beginning of year balance		 							-
D	Contributions		 					-		
C	Net investment earnings, gains, and			1						
	Grants or scholarships		 	-						
a			 							
е	Other expenditures for facilities and programs									
	Administrative expenses					-				_
<u>.</u>	End of year balance		 							
9 2	Provide the estimated percentage of the current	veer end belence (it	ne to colu	mn (a)) held	1 20.					
-	Board designated or quasi-endowment	%		(4)/	<i>.</i>					
ь	Permanent endowment > %									
C	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c should e									
3a	Are there endowment funds not in the possession	-	n that are h	neld and adm	ninistered fo	or the				
	organization by:								Yes	No
	(i) unrelated organizations							38	m l	
	(ii) related organizations							3a(
ь	If "Yes" on 3a(ii), are the related organizations li	isted as required on	Schedule F	3?				3		
4	Describe in Part XIII the intended uses of the or	•								
	t VI Land, Buildings, and Equipm									
	Complete if the organization an		n <u>Form</u> 9	90, Part	IV, line 1	1 <u>a. Se</u> e	Form 990, I	Part X, li	ine 10)
	Description of property	(a) Cost or oth		(b) Cost or			ccumulated		Book value	
		(investm	ent)	(ot	her)	de	preciation			
1a	Land	• • •								
b	Buildings	• • •								
C	Leasehold improvements									
_	Eninment		1 541				294		1	. 247

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

1,247

(a) Description (b) Book v.	alue
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
0	
(8)	
(9)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1	(a) Description of Eability	(b) Book value
(1) Federal	income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶

Total. (Column (b) must equal Form.990, Part X, col. (B) line 15.)

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sched		04-3372808	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- 8	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	╡	
_	Recoveries of prior year grants	┥	
C		┥	
đ	Other (Describe in Part XIII.)	- _	
•	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
8	Investment expenses not included on Form 990, Part VIII, line 7b 4a	⊣ ∣	
þ	Other (Describe in Part XIII.)	_	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
_	Donated services and use of facilities	1 1	
ь	Prior year adjustments	-	
_	Other losses	╡	
C		┥	
d	Other (Describe in Part XIII.)	┥╻┃	
	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	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 4a 4a	_	
b	Other (Describe in Part XIII.)	⊣ ∣	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		
Prov	ide 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; F	Part X, line	
2; Pá	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
		· · · · · ·	
			

EEA

Schedule D (Form 990) 2015

Dai	t IV Supporting Organizations (continued)			ayo u
reu	try Supporting Organizations (Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	NO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
-	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	┢	—
	tion B. Type I Supporting Organizations	1110	<u> </u>	
	NO. O. Typo Capporang Cigamento		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.55	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2]	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
•	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).	-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1 1		l
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 1		l
	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see In	struct	ions)):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
2	Activities Test. Answer (a) and (b) below.	$\overline{}$	Yes	<u>No</u>
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? if "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		i

Schedule F (Form 990)

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.

CMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer Identification number** GROWTH THROUGH LEARNING INC 04-3372808 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number of (d) Activities conducted in (e) If activity listed in (d) is (a) Region (f) Total offices in the expenditures for employees. region (by type) (e.g., a program service. region agents, and fundraising, program services. describe specific type of and investments independent investments service(s) in region in region contractors grants to recipients in region located in the region) **BCHOLARSHIPS** 110,674 (1)Sub-Saharan Africa 7 Program services (2) (3) (4) (5) (6) (7) (9) (10)(11) (12) (13) (14) (15) (16) (17)110,674 7 Sub-total 3a Total from continuation sheets to Part I 110,674

7

c Totals (add lines 3a and 3b)

Page 2

(i) Method of veckuation (book, FMV, appraisal, other) GRONTH THROUGH LEARNING INC

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. (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Rogion (b) IRS code section and EIN (it applicable) (a) Name of organization Part II 2 8 8

ve that are reconized as charities by the foreign country, recognized as tax-exempt	vided a section 501(c)(3) equivalency letter
2 Enter total number of recipient organizations listed above that are recognized	by the IRS, or for which the grantee or counsel has provided a sec

22

E

9

£

3

9

9

3

(13)

£

(3)

(9)

Schedule F (Form 990) 2015 Enter total number of other organizations or entitles ee A

Schedule F (Form 990) 2015 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (ft) Method of vaduation (book, FMV, eppretsel, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 110, 67 detre (d) Amount of cash grent (c) Number of recipients 187 ub-Sabaran Africa (b) Region (a) Type of grant or assistance Schedule F (Form 990) 2015 (1)SCHOLARSRIPS Part III **E** F 9 3 [2] 3 **£** (15) 9 目 3 9 9 E **6** 8

<u>Part</u>	IV	Foreign Forms			
			•		
1	Wa	is 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			
	Cor	poration (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			
	ma	y be required to separately file Form 3520, Annual Return To Report Transactions With Foreign			
	Tru	sts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign			
		st 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			
	Cer	tain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Wa	s the organization a direct or indirect shareholder of a passive foreign investment company or a			
	qua	fified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,			
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing			
		nd (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			
	Fon	eign 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			
	"Ye	s," the organization may be required to separately file Form 5713, International Boycott Report (see			
		ructions for Form 5713; do not file with Form 990)	Yes	X	No

EEA

Schedule F (Form 990) 2015

Schedule A (Form 990 or 990-E2) 2015 GROWTH THROUGH LEARNING INC 04-3372808

Part v Type III Non-Functionally Integrated 509(a)(3) Supp			
1 Check here if the organization satisfied the Integral Part Test as a			instructions. All
other Type III non-functionally integrated supporting organizations	s must complete	Sections A through E.	(B) Current Year
Section A - Adjusted Net Income	İ	(A) Prior Year	(b) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	-	
4 Add lines 1 through 3	4	· · · · · · ·	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	, ,	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			(Optional)
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	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	10	<u> </u>	
•	!		
factors (explain in detail in Part VI):	2		
2 Acquisition indebtedness applicable to non-exempt-use assets	3		_
3 Subtract line 2 from line 1d			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater			
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	-	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column	A) 3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		·	
emergency temporary reduction (see Instructions)	6		
7 Check here if the current year is the organization's first as a non-f	unctionally-integ	rated Type III supporting	g organization (see
instructions).	-	Cohod	trie A (Form 990 or 990-FZ) 2015

04-3372808

	t V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organi	zations (continued)	
Sec	tion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exert			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which	the organization is respons	ive	
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
٤	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:		<u></u>	
a				
<u>b</u>				
C				
d	From 2013			
8	From 2014	<u></u>		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7:			
8	Applied to underdistributions of prior years			
Ь	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				
					
-					
-					

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.

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/iorm990.

Employer identification number GROWTH THROUGH LEARNING INC 04-3372808 01. Form 990 governing body review (Part VI, line 11) DRAFT COPY OF THE FEDERAL FORM 990 IS PROVIDED TO THE MEMBERS WHO ARE ON THE BOARD OF DIRECTORS AT THE TIME THE FORM IS AVAILABLE FOR REVIEW. BOARD MEMBERS HAVE TWO WEEKS TO REVIEW. COMMENTS AND SUGGESTTIONS FROM BOARD MEMBERS ARE COMPILED BY THE EXECUTIVE DIRECTOR AND REVIEWED BY THE EXECUTIVE DIRECTOR AND THE FINANCE COMMITTEE. CHANGES DEEMED APPROPRIATE ARE REFLECTED IN THE FINAL FEDERAL FORM 990 SUBMITTED TO THE IRS. 02. Conflict of interest policy compliance (Part VI, line 12c) GTLS PROGRAMS BENEFIT GIRLS IN EAST AFRICA AND GTLS BOARD IS EXCLUSIVELY BASED IN THE USA WITH NO BUSINESS INTERESTS IN EAST AFRICA. FOR THIS REASON CONFLICTS OF INTEREST ARE UNLIKELY HOWEVER, THE GTL GOVERNANCE COMMITTEE CHAIR REVIEWS THE GTL CONFLICT OF INTEREST POLICIES WITH ALL BOARD MEMBERS AND BOARD MEMBERS ARE REQUIRED TO SIGN A FORM EITHER DECLARING ANY CONFLICTS OF INTEREST OR DECLARING NO CONFLICTS OF INTEREST. 03. Other officer or key employee compensation (Part VI, line 15b THE EXECUTIVE BOARD OF THE COMMITTEE USED COMPATIBILITY DATA PUBLISHED BY THE THIRD SECTOR NEW ENGLAND TO DEVELOP RECOMMENDATIONS REGARDING THE ED'S COMPENSATION, WHICH MUST BE APPROVED BY THE BOARD. BD COMPENSATION IS REVIEWED DURING THE ANNUAL ED EVALUATION. WHEN APPLICABLE ALL OTHER SALARIES ARE DETERMINED BY THE EXECUTIVE DIRECTOR AND REFLECTED IN THE BUDGET WHICH IS APPROVED BY THE BOARD. 04. Governing documents, etc, available to public (Part VI, line 19) GTLS FORM 990S ARE ON OUR WEBSITE. GTLS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

	2015 F	2015 PG01				
Name(s) as shown on return GROWTH THROUGH LEAR	FEIN 04-	04-3372808				
Form 990 - Schedule D - Part VI - Line 1e statement #D1e Investments - Other						
	Investments -	Other	16 State			
Description of Investment	·		Depr	Book Value		

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer Identification number
GROWTH THROUGH LEARNING INC	04-3372808
05. General explanation attachment	
Part VI Section B Line 14	
GTL HAD A BOARD APPROVED DOCUMENT RETENTION POLICY AS PART OF OUR BY LAW	S UNIL JUNE 2015.
IN JUNE 2015, THE BY LAWS WERE REVIEWED AND THIS SECTION WAS TAKEN OUT.	A NEW DOCUMENT
RETENTION POLICY IS BEING DRAFTED, BUT HAS YET BEEEN APPROVED BY THE BOAL	RD.
PART 1 SUMMARY MISSION STATEMENT	
GROWTH THROUGH LEARNING IS A SECULAR ORGANIZATION THAT SUPPORTS EDUCATION	N AND DEVELOPMENT
BY PROVIDING FULL SCHOLARSHIPS TO SECONDARY SCHOOLS FOR BRIGHT YOUNG WOM	EN IN KENYA,
MANUFAUTA AND HOANDS WHO NOUED OMITEDWICE DE MMADER DO APPODE AN PRUGAMIT	אני אופ אופ
TANZANIA, AND, UGANDA WHO WOULD OTHERWISE BE UNABLE TO AFFORD AN EDUCATION	JN. NE ARE
DEDICATED TO INCREASING CROSS-CULTURAL AND TRIBAL DIVERSITY IN EAST AFRICA	CA THROUGH THE
SCHOLARSHIPS WE AWARD AND TO EDUCATING PEOPLE IN THE UNITED STATES ABOUT	THE CHALLENGES
Delicated life with Award and to about 100 100120 100120 000120 000120 10001	
AND THE POTENTIAL OF WOMEN IN EAST AFRICA.	
Part I Line 20	
THERE ARE 2 REASONS WHY GTL MAINTAINS THESE ASSETS 1 WHEN GTL ACCEPTS AN	APPLICATION FOR A
GTL SCHOLARSHIP WE ARE COMMITTING TO SUPPORT THAT GIRL THROUGH SECONDARY	SCHOOL WHICH CAN
BE 6 YEARS IN UGANDA AND TANZANIA AND 4 YEARS IN KENYA. GTL MAINTAINS A	RESERVE FUND
EQUAL TO AT LEAST ONE YEARS WORTH OF SCHOLARSHIPS TO ENSURE THAT ALL SCHO	NI.ADSHTD
BOOK TO AT BEAST ONE TEARS WORTH OF SCHODARDHITS TO BROOKE THAT HER BOOK	
RECIPIENTS CAN RELY ON AT LEAST ONE ADDITIONAL YEAR OF EDUCATION SHOULD	STLS FUNDING BE
REDUCED. THIS PROVIDES GTLS SCHOLARSHIP RECIPIENTS WITH ONE YEAR TO SEE	K ANOTHER MEANS OF
SUPPORT FOR THEIR EDUCATION SHOULD GTL NOT BE ABLE TO CONTINUE SUCH SUPPORT	ORT. 2 WHILE
DONATIONS COMES THROUGHOUT THE YEAR GTLS SCHOLARSHIPS ARE USUALLY PAID A	THE BEGINNING OF
THE CALENDAR YEAR THE ASSETS SHOWN ARE AS OF THE END OF THE FISCAL YEAR	0/30.