# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2017

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.

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

Open to Public Inspection

-								
Α	For the	2017 calend	lar year, or tax year begir	ning 0	7-01 , 2017, and e	nding	06-3	30 ,2018
В	Check if a	pplicable:	C Name of organization GROV	TH THROUGH LEARNING INC			D	Employer identification no.
	Address of	change	Doing business as				0	4-3372808
	Name cha	ange	Number and street (or P.O. bo	ox if mail is not delivered to street address)		Room/suite	E	Telephone number
	Initial retu	rn	PO BOX 390975				10	617)684-5572
$\overline{\Box}$	Final retu	rn/terminated		, country, and ZIP or foreign postal code		1	G	Gross receipts
П	Amended		CAMBRIDGE, MA					\$ 461,228
П		n pending	F Name and address of principa			H(a) Is this a group	roturn for o	
ш	Applicatio	in perioning	SAME AS C ABOV			H(b) Are all subo		8 8
_	T		. –	,	□ <sub>507</sub>	- '		<del>-</del> -
<u>:</u>	Tax-exem			) ◀ (insert no.)	<u> </u>	_		st. (see instructions)
	Website:		V. GROWTHTHROUGHLE		I	H(c) Group exe		
		rganization: X		sociation Other >	L Year of formation: 1	.997 M State	of legal de	omicile: <b>MA</b>
Pa	art I	Summar	•					
	1	•	•		ROWTH THROUGH			
Φ		ORGANIZA	TION THAT SUPPORT	S EDUCATION AND DEVELOP	MENT BY PROVID	ING FULL SC	HOLAR	SHIPS TO
Governance		SECONDAR	Y SCHOOLS FOR BRI	GHT YOUNG WOMEN IN KENY	A TANZANIA AND	UGANDA WHO	WOUL	D OTHERWISE
ž		BE UNABL	E TO AFFORD AN EI	OUCATION. SEE SCHD O FOR	FULL MISSION.			
8	2	Check this b	ox 🕨 🗌 if the organization	n discontinued its operations or dispos	sed of more than 25%	of its net assets.		
	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)			3	9
Activities &	4	Number of in	ndependent voting member	rs of the governing body (Part VI, line	1b)		4	9
itie	5	Total numbe	er of individuals employed in	n calendar year 2017 (Part V, line 2a)			5	1
∌	6	Total numbe	er of volunteers (estimate if	necessary)			6	
⋖	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12			7a	0
				e from Form 990-T, line 34 • • • •			7b	0
				,		Prior Year	1.2	Current Year
	8	Contributions	s and grants (Part VIII line	1h)			,200	459,202
ō			• ,	e 2g)		270	,200	
Revenue	10	ŭ	` '	•	<u> </u>			0
ě	10		, , ,	A), lines 3, 4, and 7d)	<u> </u>	3	,577	2,026
ш	1		, , , , , , , , , , , , , , , , , , , ,	nes 5, 6d, 8c, 9c, 10c, and 11e)	-			0
	12			(must equal Part VIII, column (A), line	,		,777	461,228
	13		. ,	IX, column (A), lines 1-3)	<u> </u>	135	,000	168,729
	14	Benefits paid	d to or for members (Part I	X, column (A), line 4)	• • • • • • • • •			0
Ø	15	Salaries, oth	ner compensation, employed	e benefits (Part IX, column (A), lines 5	5-10)	73	,319	72,188
Expenses	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e)				0
<u>B</u>	b	Total fundra	ising expenses (Part IX, co	lumn (D), line 25) ▶	33,573			
ũ	17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)		61	,463	35,791
	18	Total expens	ses. Add lines 13-17 (must	t equal Part IX, column (A), line 25)		269	,782	276,708
	19	Revenue les	s expenses. Subtract line	18 from line 12		9	,995	184,520
ō	se S					Beginning of Current	Year	End of Year
Net Assets or	<u>E</u> 20	Total assets	(Part X, line 16)			356	,742	523,833
Ass	ž 21	Total liabilitie	es (Part X, line 26)			19	,241	1,810
Set S	E 22	Net assets of	or fund balances. Subtract	line 21 from line 20		337	,501	522,023
Pa	art II	Signatu	re Block					•
Unc	der penalti	es of perjury, I de	clare that I have examined this retu	ırn, including accompanying schedules and state		knowledge and belief, i	t is	
true	e, correct, a	and complete. De	claration of preparer (other than of	ficer) is based on all information of which prepare	r has any knowledge.			
		WILS	ON MURAGA					
Sig	n		re of officer				Date	
He		WITE	ON MIIDACA TOTACI	IDED				
			ON MURAGA, TREAST	, ren				
				T <sub>2</sub>	Date	T	.,	
Da	id		eparer's name	Preparer's signature		Check X		
Pai				Nicolas E DiDonato CPA	01-03-2019	self-employe	ed	XXXXXXXX
	eparer			E DiDonato CPA LLC		Firm's EIN ▶		
US	e Only	Firm's addres		le Street		Phone no.		
				MA 01742		9	78-34	1-5045
Max	the ID	2 dicquee thic	raturn with the preparer ch	nown above? (see instructions)				X Ves No

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶

201,026

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		21
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		_		Х
	Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent 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,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	.0	- 4 3	
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	••		21
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.5		21
13	If "Vos " complete Schodule C. Part III.	40		v

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
Z-10	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
h		24b		Λ
b		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			17
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV • • • • • • • • • • • • • • • • • •	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		21
٥.	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	JI		Λ
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
	10: Note. All 1 offit 300 fileto die required to complete ochedule O.	50	77	

17) GROWTH THROUGH LEARNING INC
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  • • • • • • • • • • • • • • • • • • •	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			v
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		X
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:			21
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		21
Ü	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The state of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			
Ū	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Х
Sec	tion C. Disclosure			<b>-</b>
<u> </u>	List the states with which a copy of this Form 990 is required to be filed   Massachusetts			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	M Own website			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: Section A.

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

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

- 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.

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

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

(A) Name and Title	(B)  Average hours per week (list any hours for related	box, office	unless er and	Position neck more than one as person is both an ad a director/trustee)				Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.2.100 11.00)	organization and related organizations
(1) NANCY DOUGHERTY	1.00	v		37				_		
CLERK	F 00	Х		X				O	0	0
(2) DONNA_LAZORIKPRESIDENT	5.00	х		Х				O	0	0
(3) WILSON MURAGA	2.00	Λ		Λ					0	
TREASURER		Х		Х				C	o	0
(4) JEANNE LYNCH	2.00									
BOARD MEMBER		Х						C	0	0
(5) MARGE OREILLY	2.00									
BOARD MEMBER		X						O	0	0
(6) RICHARD JENSON	1.00									
BOARD MEMBER		X						C	0	0
(7) ART FITZGERALD	1.00									
VICE PRESIDENT		Х		X				0	0	0
(8) CAROLINE KAMAU	1.00									
BOARD MEMBER		X						0	0	0
(9) MARY SCHWARTZ	1.00									
BOARD MEMBER	_	Х						0	0	0_
(10)MARY ANN MILLSAP	2.00	.,						_	_	_
BOARD MEMBER		Х	-						0	0
(11)WANJIKU MWANGI	32.00			Х	Х			66.000		•
EXECUTIVE DIRECTOR				Λ	Λ			66,800	0	0
(12)	<u> </u>									
(13)										
(14)										

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(23)  (24)  (25)  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 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  4 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 individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  6 Section B. Independent Contractors  1 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.  (A)  (B)  (C)  Description of services  Compensation	(21)												
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Sub-total	(24)												
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 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 4 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 individual 5 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  5 X  Section B. Independent Contractors  1 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.  (A)  (B)  (C)  Description of services  Compensation	<u></u> /												
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Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 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  4 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 individual  5 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  1 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.  (A)  (B)  (C)  Compensation													
d Total (add lines 1b and 1c)	1b	Sub-total							<b>•</b>				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0    Yes   No	С								•				
reportable compensation from the organization    3 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    4 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 individual    5 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    5 X  Section B. Independent Contractors  1 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.  (A) (B) (C)  Name and business address    Description of services    Compensation													0
3 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	2	, -	d to those list	ed abo	ve) ı	who	rec	eived	mor	e than \$100,000 of			
3 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  4 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 individual  5 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  5 X  Section B. Independent Contractors  1 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.  (A)  (B)  (C)  Description of services  Compensation		reportable compensation from the organization									0		Voc. No.
employee on line 1a? If "Yes," complete Schedule J for such individual  4 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 individual.  5 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  5 X  Section B. Independent Contractors  1 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.  (A)  (B)  (B)  (C)  Compensation  Compensation	3	Did the organization list any <b>former</b> officer, directo	r or truetoo	kov or	nnlo	VAA	or	hiahas	et co	umneneated			res No
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 individual.  5 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  5 X  Section B. Independent Contractors  1 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.  (A)  (B)  (C)  Compensation  Compensation	3	-						-				3	x
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4												
individual													
for services rendered to the organization? If "Yes," complete Schedule J for such person		individual										4	X
Section B. Independent Contractors  1 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.  (A)  (B)  (C)  Name and business address  Description of services  Compensation	5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny ur	nrela	ated	l orgar	nizat	ion or individual			
1 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.  (A)  (B)  (C)  Name and business address  Description of services  Compensation			complete So	chedule	e J fo	or s	uch	perso	n			5	X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  Description of services  Compensation	Secti												
year.  (A)  Name and business address  Description of services  Compensation	1												
(A) Name and business address Description of services Compensation			nsation for the	calen	dar y	yeaı	r en	ding w	ith o	or within the organiz	ation's tax		
Name and business address  Description of services  Compensation													·
2 Total number of independent contractors (including but not limited to those listed above) who	Name and business address Description of services Com						Com	perisation					
2 Total number of independent contractors (including but not limited to those listed above) who													
Total number of independent contractors (including but not limited to those listed above) who													
Total number of independent contractors (including but not limited to those listed above) who													
2 Total number of independent contractors (including but not limited to those listed above) who													
	2	Total number of independent contractors (including	but not limite	d to th	ose I	liste	d ab	ove) v	who				

		Charles Committee Committe	or note to any mile in a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				
s, G Amc	С	Fundraising events	1c				
ia ii	d	Related organizations	1d				
ns, Simi	е	Government grants (contributions)	1e				
utio Jer (	f	All other contributions, gifts, grants,					
흡吾		<u> </u>	1f 459,202	_			
and	g	Noncash contributions included in lines 1a-1					
	h	Total. Add lines 1a-1f		459,202			
<b>o</b>			Business Code				
Program Service Revenue	2a						
Be	b						
Ž Č	C						
n Se	d	-					
grar	e	All other program convice revenue					
Pro		All other program service revenue					
		Total. Add lines 2a-2f					
		Investment income (including dividends, interest and other similar amounts)		2 026			2 026
		Income from investment of tax-exempt bond p		2,026			2,026
		Royalties					
	3	(i) Real					
	62	Gross rents	(ii) Personal	_			
		Less: rental expenses		-			
		Rental income or (loss)		-			
		Net rental income or (loss)					
		40 G 14					
	1	Gross amount from sales of assets other than inventory	(ii) Other	_			
				_			
	l	Less: cost or other basis and sales expenses					
		Gain or (loss)		_			
		Net gain or (loss)					
e		Gross income from fundraising					
venue		events (not including \$					
		of contributions reported on line 1c).	-				
Other Re		See Part IV, line 18	а				
₹	b	Less: direct expenses	b	_			
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities.					
		See Part IV, line 19	a				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming activities	<u></u>				
	10a	Gross sales of inventory, less					
		returns and allowances	а				
	b	Less: cost of goods sold	b				
	С	Net income or (loss) from sales of inventory	<u></u> ▶				
		Miscellaneous Revenue	Business Code				
	11a		_				
	b						
	С						
	d	All other revenue	•				
		Total. Add lines 11a-11d					
	12	<b>Total revenue.</b> See instructions	<b>.</b> ▶	461,228	C	0	2,026

# Part IX Statement of Functional Expenses

0		Il columns. All other organizations	
Section SUTICIES and SUTICIES	organizations must complete a	II COIUMNS. AII OTNET OTGANIZATIONS	must complete column (A).
	organizatione made comprete a	co.ac cac. c.gazacc	made dempided deminin (7 i).

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	168,729	168,729		
4	Benefits paid to or for members	100/125	100/125		
5	Compensation of current officers, directors,				
3	trustees, and key employees	66,800	26,622	20,089	20.000
6	Compensation not included above, to disqualified	00,000	20,022	20,009	20,089
U					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes	5,388	2,257	1,732	1,399
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	7,832		7,832	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	10,517			10,517
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	311		311	
20	Interest	7.2		7	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,271		1,271	
23	Insurance	1,700		1,700	
24	Other expenses. Itemize expenses not covered	27.00		27.00	
	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.)				
а	BANK FEES	1,191	859	332	
b	OFFICE EXPENSES	3,073	639	3,073	
C	FEES	1,810	1,666	144	
d	r ees	1,010	1,000	144	
	All other expenses	0 006	003	E 63E	1 560
е 25		8,086	893	5,625	1,568
25 26	Total functional expenses. Add lines 1 through 24e .  Joint costs. Complete this line only if the	276,708	201,026	42,109	33,573
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720) • • • • • • • •				

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	Cash - non-interest-bearing	186,095	1	351,591			
	2	Savings and temporary cash investments	163,849	2	165,861			
	3	Pledges and grants receivable, net	•	3	•			
	4	Accounts receivable, net	3,895	4				
	5	Loans and other receivables from current and former officers, directors,						
		trustees, key employees, and highest compensated employees.						
		Complete Part II of Schedule L		5				
	6	Loans and other receivables from other disqualified persons (as defined under section						
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and						
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary						
		organizations (see instructions). Complete Part II of Schedule L		6				
	7	Notes and loans receivable, net		7				
ets	8	Inventories for sale or use		8				
Assets	9	Prepaid expenses and deferred charges	1,500	9	4,750			
-	10a	Land, buildings, and equipment: cost or	1,300	J	4,730			
	IVa	other basis. Complete Part VI of Schedule D 10a 3,914						
	h	·	1 402	10c	1 621			
	b		1,403	111	1,631			
	11	Investments - publicly traded securities						
	12	Investments - other securities. See Part IV, line 11		12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	356,742	16	523,833			
	17	Accounts payable and accrued expenses	19,241	17	1,810			
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21				
es	22	Loans and other payables to current and former officers, directors,						
Liabilities		trustees, key employees, highest compensated employees, and						
Lia A		disqualified persons. Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable to unrelated third parties		24				
	25	Other liabilities (including federal income tax, payables to related third						
		parties, and other liabilities not included on lines 17-24). Complete Part X						
		of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25	19,241	26	1,810			
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and						
S		complete lines 27 through 29, and lines 33 and 34.						
ğ	27	Unrestricted net assets	337,501	27	522,023			
ala	28	Temporarily restricted net assets		28				
<u>Б</u>	29	Permanently restricted net assets		29				
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗌 and						
ō		complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds		30				
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	·	31				
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32				
2	33	Total net assets or fund balances	337,501	33	522,023			
	34	Total liabilities and net assets/fund balances	356,742	34	523,833			

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	4	161,2	228
2	Total expenses (must equal Part IX, column (A), line 25)	2	276,7	708
3	Revenue less expenses. Subtract line 2 from line 1	1	184,5	520
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3	337,5	501
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	5	522,0	021
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			• 🗆
			Yes	No
1	Accounting method used to prepare the Form 990: $\square$ Cash $\underline{\mathbb{X}}$ Accrual $\square$ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	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			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Internal Revenue Service

Name of the organization

Employer identification number

Open to Public Inspection

GROWTH THROUGH LEARNING INC 04-3372808 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

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

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

Se	ction A. Public Support			· •			
Cal	endar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	302,481	261,738	308,612	276,200	459,202	1,608,233
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	302/101	2017730	300,012	270,200	135/202	1,000,233
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 furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	302,481	261,738	308,612	276,200	459,202	1,608,233
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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 • •						
С	Add lines 7a and 7b • • • • • • • • • • •						
8	Public support. (Subtract line 7c from line 6.)						1,608,233
Se	ction B. Total Support						
Cale 9	endar year (or fiscal year beginning in)  Amounts from line 6	(a) 2013 302,481	(b) 2014 261,738	(c) 2015 308,612	(d) 2016 276,200	(e) 2017 459,202	(f) Total 1,608,233
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •	2,330	2,362	1,805		2,026	10,365
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,330	2,362	1,805	1,842	2,026	10,365
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.)	304,811	264,100	310,417	278,042	461,228	1,618,598
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, co	olumn (f) divided by	line 13, column (f)	)		15	99.36 %
	Public support percentage from 2016 Schedu					16	99.18 %
	ction D. Computation of Investmen						
17 18	Investment income percentage for <b>2017</b> (line Investment income percentage from <b>2016</b> S				T T	17	1.00 % 1.00 %
19a	33 1/3% support tests - 2017. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
b 20	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this <b>Private foundation.</b> If the organization did response to the organization of the organization o	zation did not check box and <b>stop here</b>	k a box on line 14 . The organization	or line 19a, and lin qualifies as a pub	e 16 is more than blicly supported org	33 1/3%, and ganization	▶ □

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

**Schedule of Contributors** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** GROWTH THROUGH LEARNING INC 04-3372808 Organization type (check one):

Filers	of:	Section:
Form 9	990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 9	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 cov	ered by the <b>General Rule</b> or a <b>Special Rule</b> .
	Only a section 501(c)(7), (	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
Genera	al Rule	
X	•	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.
Specia	il Rules	
	regulations under section 13, 16a, or 16b, and that	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the is 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	contributor, during the ye	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
	contributor, during the year contributions totaled more during the year for an <i>ex</i> <b>General Rule</b> applies to	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions uring the year
	=	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number GROWTH THROUGH LEARNING INC 04-3372808

Part I	Contributors (see instructions). Use duplicate copies of	Part i ii additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	! ! !	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 45,980	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_		\$150,000	Person X Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000	Person X Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$150,000	Person X Payroll Complete Part II for noncash contributions.)

# 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.

on Form 990, Part IV, line 14b, 15, or 16.

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

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 Part I 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 grants or assistance? No 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. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (b) Number of (f) Total (a) Region (d) Activities conducted in the (e) If activity listed in (d) is offices in the region (by type) (such as. expenditures for employees. a program service, region fundraising, program services, agents, and describe specific type of and investments investments, grants to recipients independent service(s) in the region in the region located in the region) contractors in the region (1) SUB-SAHARAN AFRICA PROGRAM SERVICES SCHOLARSHIPS (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)Sub-total . . . . . . . . . 7 Total from continuation sheets to Part I . . . . . .

Totals (add lines 3a and 3b)

Schedule F (Form 990) 2017 GROWTH THROUGH LEARNING INC

Page 3

Page 3

Page 3

Part III 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.

Part III can be duplicated	Part III can be duplicated if additional space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)SCHOLARSHIPS	SUB-SAHARAN AFRICA		168,729WIRE	WIRE			FAIR MARKE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							4-15 F (Farm 000) 2017
						200	ì

#### 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.

**Open to Public** Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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. ED 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.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  GROWTH THROUGH LEARNING INC	Employer identification number  04-3372808
GROWIN THROUGH LEARNING INC	04-3372000
05. General explanation attachment	
os. General explanación accaemment	
PART 1 SUMMARY MISSION STATEMENT	
GROWTH THROUGH LEARNING IS A SECULAR ORGANIZATION THAT SUPPORTS EDUCATION	AND DEVELOPMENT
GROWIN THROUGH BEARWING IS A SECONDAR ORGANIZATION THAT BUTTOKES EDUCATION	AND DEVELOTRENT
BY PROVIDING FULL SCHOLARSHIPS TO SECONDARY SCHOOLS FOR BRIGHT YOUNG WOMEN	N IN KENYA,
TANZANIA, AND, UGANDA WHO WOULD OTHERWISE BE UNABLE TO AFFORD AN EDUCATION	N. WE ARE
DEDICATED TO INCREASING CROSS-CULTURAL AND TRIBAL DIVERSITY IN EAST AFRICA	A THROUGH THE
SCHOLARSHIPS WE AWARD AND TO EDUCATING PEOPLE IN THE UNITED STATES ABOUT T	THE CHALLENGES
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 A	APPLICATION FOR A
GTL SCHOLARSHIP WE ARE COMMITTING TO SUPPORT THAT GIRL THROUGH SECONDARY S	SCHOOL WHICH CAN
DE C VEADO IN MONDA AND MANGANIA AND 4 VEADO IN VENUA . COM MAINMAING A D	DECEDUE FUND
BE 6 YEARS IN UGANDA AND TANZANIA AND 4 YEARS IN KENYA. GTL MAINTAINS A F	RESERVE FUND
EQUAL TO AT LEAST ONE YEARS WORTH OF SCHOLARSHIPS TO ENSURE THAT ALL SCHOOL	LARSHIP
RECIPIENTS CAN RELY ON AT LEAST ONE ADDITIONAL YEAR OF EDUCATION SHOULD GI	TLS FUNDING BE
REDUCED. THIS PROVIDES GTLS SCHOLARSHIP RECIPIENTS WITH ONE YEAR TO SEEK	ANOTHER MEANS OF
REDUCED. THIS PROVIDES GIBS SCHODARSHIP RECIPIENTS WITH ONE TEAR TO SEEK	ANOTHER FIEARS OF
SUPPORT FOR THEIR EDUCATION SHOULD GTL NOT BE ABLE TO CONTINUE SUCH SUPPORT	RT. 2 WHILE
DONATIONS COMES THROUGHOUT THE YEAR GTLS SCHOLARSHIPS ARE USUALLY PAID AT	THE BEGINNING OF
THE CALENDAR YEAR THE ASSETS SHOWN ARE AS OF THE END OF THE FISCAL YEAR 6/	<sup>7</sup> 30.

# Form **8868**(Rev. January 2017)

(Nev. January 2017)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Chairities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print GROWTH THROUGH LEARNING INC 04-3372808 Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for PO BOX 390975 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions CAMBRIDGE, MA 02139 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 WANJIKU MWANGI, PO BOX 390975, CAMBRIDGE, MA 02139 The books are in the care of Telephone No. ► 617-684-5572 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ....▶ ☐ . If it is for part of the group, check this box ....▶ ☐ and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until , 20 19 , to file the exempt organization return 05-15 for the organization named above. The extension is for the organization's return for: alendar year 20 or X tax year beginning **07-01** , 20 **17** , and ending 06-30 ,20 18. Initial return Final return 2 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.

# 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 07-01-2017

, and ending 06-30-2018

2017

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

GROWTH THROUGH LEARNING INC	Employer identification number
	04-3372808
Name and title of officer	
WILSON MURAGA, TREASURER	
Part I Type of Return and Return Information (Whole Dollars Or	nly)
Check the box for the return for which you are using this Form 8879-EO and enter the applicheck the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the retileave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you the applicable line below. Do not complete more than one line in Part I.	turn being filed with this form was blank, then
1a Form 990 check here ▶ ☐ b Total revenue, if any (Form 990, Part VIII, column	n (A) line 12)
2a Form 990-EZ check here   b Total revenue, if any (Form 990-EZ, line 9)  3a Form 1120-POL check here   b Total tax (Form 1120-POL, line 22)   4a Form 990-PF check here   b Tax based on investment income (Form 990-PF)	
5a Form 8868 check here ► 🗵 b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	
organization's 2017 electronic return and accompanying schedules and statements and to are true, correct, and complete. I further declare that the amount in Part I above is the amo organization's electronic return. I consent to allow my intermediate service provider, transm to send the organization's return to the IRS and to receive from the IRS (a) an acknowled the transmission, (b) the reason for any delay in processing the return or refund, and (c) authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fundinancial institution account indicated in the tax preparation software for payment of the organization, and the financial institution to debit the entry to this account. To revoke a payment, I Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) of involved in the processing of the electronic payment of taxes to receive confidential informatics in the processing of the electronic payment of taxes to receive confidential informatics is sues related to the payment. I have selected a personal identification number (Pliedectronic return and, if applicable, the organization's consent to electronic funds withdrawaters.	count shown on the copy of the mitter, or electronic return originator (ERO) degement of receipt or reason for rejection of the date of any refund. If applicable, I ads withdrawal (direct debit) entry to the lanization's federal taxes owed on this must contact the U.S. Treasury Financial date. I also authorize the financial institutions lation necessary to answer inquiries and IN) as my signature for the organization's
Officer's PIN: check one box only	
X I authorize Nicolas E DiDonato CPA LLC to enter my P	PIN _54321 as my signature  Enter five numbers, but do not enter all zeros
X I authorize Nicolas E DiDonato CPA LLC to enter my P	Enter five numbers, but do not enter all zeros ithin this return that a copy of the return is
I authorize Nicolas E DiDonato CPA LLC to enter my P ERO firm name  on the organization's tax year 2017 electronically filed return. If I have indicated wi being filed with a state agency(ies) regulating charities as part of the IRS Fed/StateRO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization if I have indicated within this return that a copy of the return is being filed with a state IRS Fed/State program, I will enter my PIN on the return's disclosure consents.	Enter five numbers, but do not enter all zeros  ithin this return that a copy of the return is ate program, I also authorize the aforementioned  ization's tax year 2017 electronically filed return. ate agency(ies) regulating charities as part of
I authorize Nicolas E DiDonato CPA LLC to enter my P ERO firm name  on the organization's tax year 2017 electronically filed return. If I have indicated wi being filed with a state agency(ies) regulating charities as part of the IRS Fed/StateRO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization if I have indicated within this return that a copy of the return is being filed with a state IRS Fed/State program, I will enter my PIN on the return's disclosure consents.	Enter five numbers, but do not enter all zeros  ithin this return that a copy of the return is ate program, I also authorize the aforementioned  ization's tax year 2017 electronically filed return. ate agency(ies) regulating charities as part of
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on the organization's tax year 2017 electronically filed return. If I have indicated with being filed with a state agency(ies) regulating charities as part of the IRS Fed/StateRO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization if I have indicated within this return that a copy of the return is being filed with a state IRS Fed/State program, I will enter my PIN on the return's disclosure consents.  Officer's signature  Part III  Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification	Enter five numbers, but do not enter all zeros  ithin this return that a copy of the return is ate program, I also authorize the aforementioned  ization's tax year 2017 electronically filed return. ate agency(ies) regulating charities as part of screen.  Date   01-03-2019
on the organization's tax year 2017 electronically filed return. If I have indicated wi being filed with a state agency(ies) regulating charities as part of the IRS Fed/StateRO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization if I have indicated within this return that a copy of the return is being filed with a state IRS Fed/State program, I will enter my PIN on the return's disclosure consents.  Officer's signature  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification	Enter five numbers, but do not enter all zeros  ithin this return that a copy of the return is ate program, I also authorize the aforementioned  ization's tax year 2017 electronically filed return. ate agency(ies) regulating charities as part of screen.
on the organization's tax year 2017 electronically filed return. If I have indicated wi being filed with a state agency(ies) regulating charities as part of the IRS Fed/StateRO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization that I have indicated within this return that a copy of the return is being filed with a state IRS Fed/State program, I will enter my PIN on the return's disclosure consents the IRS Fed/State program, I will enter my PIN on the return's disclosure consents.  Officer's signature  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  I certify that the above numeric entry is my PIN, which is my signature on the 2017 electror indicated above. I confirm that I am submitting this return in accordance with the requirements.	Enter five numbers, but do not enter all zeros  ithin this return that a copy of the return is ate program, I also authorize the aforementioned  ization's tax year 2017 electronically filed return. ate agency(ies) regulating charities as part of screen.  Date   01-03-2019   XXXXXX 13341  Do not enter all zeros  nically filed return for the organization
on the organization's tax year 2017 electronically filed return. If I have indicated wi being filed with a state agency(ies) regulating charities as part of the IRS Fed/StateRO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organize If I have indicated within this return that a copy of the return is being filed with a state IRS Fed/State program, I will enter my PIN on the return's disclosure consents.  Officer's signature	Enter five numbers, but do not enter all zeros  ithin this return that a copy of the return is ate program, I also authorize the aforementioned  ization's tax year 2017 electronically filed return. ate agency(ies) regulating charities as part of screen.  Date   01-03-2019   XXXXXX 13341  Do not enter all zeros  nically filed return for the organization