

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ 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 th	e 2018 calend	dar year, or tax year begir	nning	07-01	, 2018, and en	ding	06-	·30 , 20 19
В	Check if	applicable:	C Name of organization GROV	TH THROUGH LEARNING I	NC			D	Employer identification no.
	Address	change	Doing business as						04-3372808
	Name c	hange	Number and street (or P.O. br	ox if mail is not delivered to street address)			Room/suite	E	Telephone number
П	Initial re	turn	PO BOX 390975						(617)684-5572
$\overline{\sqcap}$	Final ret	urn/terminated		, country, and ZIP or foreign postal code					Gross receipts
Ī		ed return	CAMBRIDGE, MA						\$ 170,615
П		ion pending	F Name and address of principa			•	H(a) Is this a group	return for	
	прриса	ion ponumg	SAME AS C ABOV				H(b) Are all subo		
_	Tay-aya	mpt status:	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		⊣ ∵		list. (see instructions)
	Website		W.GROWTHTHROUGHLE				_		,
					I V-	ear of formation: 19	H(c) Group exe		
	art I	organization: X		sociation Other ►	L re	ar or formation: 13	997 WI State	or regar	domicile: MA
Г			•	vian or most significant activities:	CD ON THE		ENDWING TO	3 a	EGIII AD
	1	•	•	sion or most significant activities:					
Se				S EDUCATION AND DEVEL					
Governance				IGHT YOUNG WOMEN IN KE		_	UGANDA WHO	WOU	LD OTHERWISE
Je.				DUCATION. SEE SCHD O F			Ch. 1.1.1.11		
9	2			n discontinued its operations or dis	•			۰ ا	1
∞ ∞	3			erning body (Part VI, line 1a) .				3	9
ies	4			rs of the governing body (Part VI,				4	9
Ξ̈́	5			n calendar year 2018 (Part V, line				5	1
Activities &	6			necessary)				6	
	7a			Part VIII, column (C), line 12 .				7a	4,369
	k	Net unrelate	ed business taxable income	e from Form 990-T, line 38				7b	0
							Prior Year		Current Year
	8			:1h)			459	,202	166,246
Jue	9	Program se	rvice revenue (Part VIII, lin	e 2g)		/ ∟			0
Revenue	10	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)			2	,026	4,369
æ	11			nes 5, 6d, 8c, 9c, 10c, and 11e)		_			0
	12	Total revenu	ue - add lines 8 through 11	(must equal Part VIII, column (A),	line 12) .		461	,228	170,615
	13	Grants and	similar amounts paid (Part	IX, column (A), lines 1-3)			168	,729	185,428
	14	Benefits pai	d to or for members (Part I	X, column (A), line 4)					0
"	15	Salaries, oth	ner compensation, employe	e benefits (Part IX, column (A), lin	es 5-10)		72	,188	80,885
Expenses	168	a Professiona	I fundraising fees (Part IX,	column (A), line 11e)					0
be	. I	Total fundra	ising expenses (Part IX, co	olumn (D), line 25) ▶	3.	3,410			
ŭ	17	Other expen	nses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			35	,791	58,898
	18	Total expens	ses. Add lines 13-17 (mus	t equal Part IX, column (A), line 25	i)		276	,708	325,211
	19	Revenue les	s expenses. Subtract line	18 from line 12			184	,520	(154,596)
				*			Beginning of Current	Year	End of Year
ets	<u>E</u> 20	Total assets	(Part X, line 16)				523	,833	369,393
Net Assets or	B 21	Total liabiliti	es (Part X, line 26)				1	,810	1,966
Š	Ē 22	Net assets	or fund balances. Subtract	line 21 from line 20		[522	,023	367,427
Pa	art II	Signatu	ıre Block						
				urn, including accompanying schedules and			nowledge and belief, it	is	
true	e, correct	, and complete. De	claration of preparer (other than of	ficer) is based on all information of which pre	eparer nas any	knowledge.			
		WANJ	IKU MWANGI						
Siç	gn	Signatu	ire of officer					Date	
He	re	WANJ	IKU MWANGI, DIREC	TOR					
			print name and title						
		Print/Type pr	eparer's name	Preparer's signature	Da	ate	Check X	if P	TIN
Ра	id	** '	•	Nicolas E DiDonato CP	A 10	-28-2019	self-employe		xxxxxxxx
	epare			E DiDonato CPA LLC			Firm's EIN ▶		
	e On			ion Square Ave			Phone no.		
	- - · · ·	io addies		MA 01742				78-34	41-5045
May	v the IF	RS discuss this		nown above? (see instructions)					🛛 Yes 🗌 No

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

04-3372808

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.7
_	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? <i>If</i> "Yes,"			v
_	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		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			21
••	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	Х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule.E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
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	446		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	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	13		Λ
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		21
••	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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20 a		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

Form 990 (2018) GROWTH THROUGH LEARNING INC 04-3372808 Part IV Checklist of Required Schedules (continued)					
Га	rt IV Checklist of Required Schedules (continued)		,, I		
22	Did the ergenization report more than \$5,000 of greats or other equiptones to or for democite individuals on		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v	
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	-00		3.7	
04-	employees? If "Yes," complete Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		3.7	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х	
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		Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
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		Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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				
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	Ţ.,			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X		
Par		_ 50	-22	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V				
	2.1.2. Contract Contract a responde of field to dry and in the fact first first first		Yes	No	

	Check if Schedule O contains a response or note to any line in this Part V						
				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0					
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b 0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?		1c	X			

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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		Χ
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	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Χ
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?	7с		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
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		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10.	against amounts due or received from them.)	46		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	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			
b				
•				
C 1/12	<u></u>	14a		X
14a h	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	14a 14b		Λ
b 15		140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year	ı		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		Λ
	ii 100, complete i unii 7/20, conceute O.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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		Χ
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		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
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.)			
			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,			
	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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	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		X
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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		X
Sec	tion C. Disclosure			
17	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 (1024 or 1024-A 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.			
	☐ Another's website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	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:			

WANJIKU MWANGI (617)684-5572, PO BOX 390975, CAMBRIDGE, MA 02139

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

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

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

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.

				((C)					
(A)	(B)	l			sition			(D)	(E)	(F)
Name and Title	Average	١ ،				an one both an		Reportable	Reportable	Estimated
	hours per					(trustee)		compensation	compensation from	amount of
	week (list any							from	related	other
	hours for related	or In	ng	q	Hig em		77	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dire	ä	Officer	y en	ploy	Forme	(W-2/1099-MISC)		organization
	below dotted	Individual trustee or director	Institutional trustee		Key employee	Highest compensatemployee				and related
	line)	ruste	trug		ee	mpe				organizations
		ő	stee			nsat				
						e e				
					4					
(1) NANCY DOUGHERTY	1.00									
CLERK		X		X				(0	0
(2) WILSON MURAGA	2.00									
TREASURER		X		X				(0	0
(3) JEANNE LYNCH	2.00									
BOARD MEMBER		X						(0	0
(4) MARGE OREILLY	2.00									
BOARD MEMBER		Х						(0	0
(5) ART FITZGERALD	1.00									
VICE PRESIDENT		Х		Х				(0	0
(6) CAROLINE KAMAU	1.00									
BOARD MEMBER		X						(0	0
(7) MARY SCHWARTZ	1.00									
BOARD MEMBER		X						(0	0
(8) MARY ANN MILLSAP	2.00									
CHAIR		Х		Х				(0	0
(9) WANJIKU MWANGI	32.00									
EXECUTIVE DIRECTOR				Х	X			71,500	0	0
(10)								•	-	
¥2										
(11)										
Y2										
(12)										
Σ										
(13)										
Σ										
(14)										
7.7										
	1								1	L

EEA Form **990** (2018)

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	l Hig	hes	t Con	nper	sated Employee	s (continued)			
	(B) Average hours per week (list any hours for	Position (do not check more than on box, unless person is both a officer and a director/truster or director dire						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	n ;	(F) Estimated amount of other mpensation from the	ion	
		related organizations below dotted line)	or director	Institutional trustee	er er	Key employee	Hignest compensated employee	er	(W-2/1099-MISC)	(W-2/1099-WISC)	a	rganization me and relate ganizatio	on ed
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(</u> 19)													
<u>(20)</u>													
		1											
(24)													
<u>(25)</u>													
1b c	Sub-total												
d	Total (add lines 1b and 1c)							•	71,500		0		0
	reportable compensation from the organization	a to those list	eu abc	ove)	WHO	160	eiveu	111016	e triair \$100,000 or		0	1	
3	Did the organization list any former officer, directo	r, or trustee,	key e	mplo	yee,	or l	highes	st co	mpensated			Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of rep										3		X
	organization and related organizations greater than	n \$150,000?	If "Ye	s," c	omp	lete	Sche	dule	J for such		_		
5	individual										. 4		X
Section	for services rendered to the organization? <i>If</i> "Yes," on B. Independent Contractors	' complete S	chedui	le J f	or s	uch	perso	n			5		X
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A) Name and business address								(B) Description of		Con	(C)	an.
	realite dud publicess dudiess								Description of	33111003	COII	.porioailC	
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose •	liste	d ab	ove) v	who					

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	te to any line in thi	s Part VIII			
					(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			10701100		0.2 0.1
ints	b	Membership dues	1b					
9. 19.	C	Fundraising events	1c	161,246				
ifts, ar A	d	Related organizations	1d	101,210				
a,e Bii	e	Government grants (contributions)	1e					
is is	f	All other contributions, gifts, grants,						
but	ļ .	and similar amounts not included above	1f	5,000				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-		3,000				
ಶ ಜ	h	Total. Add lines 1a-1f			166,246			
	<u> </u>	Totali Add iiiloo Ta Ti	• • •	Business Code	100/210			
ne	2a							
ever								
8 R	С							
Program Service Revenue	d							
S E	е							
ogr?	f	All other program service revenue						
4		Total. Add lines 2a-2f						
		Investment income (including dividends, inte		•				
		and other similar amounts)			4,369		4,369	
	4	Income from investment of tax-exempt bond	proce	eds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities	es	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
4		Net gain or (loss)	• • •					
enne	8a	Gross income from fundraising		\ \ \ \				
eve		events (not including \$ 161,24	<u>16</u>					
Ř		of contributions reported on line 1c).						
Other Rev	١.	See Part IV, line 18						
0		Less: direct expenses						
		Net income or (loss) from fundraising event	s.					
	9a	Gross income from gaming activities.	_					
		See Part IV, line 19						
		Less: direct expenses						
			• •					
	10a	Gross sales of inventory, less returns and allowances	а					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of inventory		•				
	_	Miscellaneous Revenue		Business Code				
	11a	- Inicocial road Novella						
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d	'					
	12	Total revenue. See instructions			170,615	C	4,369	0

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 (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 16 185,428 185,428 Compensation of current officers, directors, 75,177 29,779 22,699 22,699 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 2,284 1,712 5,708 1,712 11 Fees for services (non-employees): 8,234 10,165 1,931 b Legal...... 14,200 14,200 d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 5,601 5,601 Office expenses 13 295 295 Information technology 14 15 Royalties 16 5,125 5,125 17 13,889 13,889 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 144 144 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 523 174 174 175 23 1,273 1,273 Other expenses. Itemize expenses not covered 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.) 770 2,708 BANK FEES 1,938 DUES AND SUBSCRIPTIONS 1,224 1,224 823 C OTHER EXPENSES 823 d PRINTING 2,928 2,928 All other expenses е Total functional expenses. Add lines 1 through 24e 50,019 25 325,211 241,782 33,410 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		<u></u>	<u></u> 📙
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	351,591	1	99,730
	2	Savings and temporary cash investments	165,861	2	268,153
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	4,750	9	400
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 3,914			
	b	Less: accumulated depreciation 10b 2,804	1,631	10c	1,110
	11	Investments - publicly traded securities	2,	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	523,833	16	369,393
	17	Accounts payable and accrued expenses	1,810	17	1,966
	18	Grants payable	17010	18	1,500
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
w	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
api		disqualified persons. Complete Part II of Schedule L		22	
Ï	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	1,810	26	1,966
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright 🗓 and	1,010		1,500
		complete lines 27 through 29, and lines 33 and 34.			
Ses	27	Unrestricted net assets	522,023	27	362,427
lan I	28	Temporarily restricted net assets	322,023	28	5,000
Ä	29	Permanently restricted net assets		29	3,000
Ĕ	_5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
P.		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
SSG	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	
ž	33	Total net assets or fund balances	522,023	33	367,427
	34	Total liabilities and net assets/fund balances		34	367,427
	J +	TOTAL HADILLOS ATA HEL ASSERS/INTIN DAIALLOS	523,833	J4	303,333

Pai	rt XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					. \Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1			70,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	325,2	211
3	Revenue less expenses. Subtract line 2 from line 1	3		(1	.54,5	596)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	522,0	023
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		3	367,4	427
Pai	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:					
	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	Χ	
	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

SCHEDULE A

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.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

GRO	WTH	THROUGH LEARNING INC					04-33728	08	
	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part			
	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	Ň	A church, convention of churches, or	,	<u> </u>	•	•			
2	\Box	A school described in section 170(b)							
3	\Box	A hospital or a cooperative hospital s							
4		A medical research organization ope	•				(1)(A)(iii). Enter the		
		hospital's name, city, and state:	,	·		` '			
5		An organization operated for the bene	efit of a college or u	university owned or opera	ated by a g	jovernmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	_						
6		A federal, state, or local government		nit described in section	170(b)(1)	(A)(v).			
7		An organization that normally receives	s a substantial part	of its support from a gov	vernmental	unit or fro	m the general public		
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)					
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant coll	ege	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or		
		university:							
10	X	An organization that normally receives	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	S	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	511 tax) f	rom businesses		
	_	acquired by the organization after Ju-	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)			
11	Ц	An organization organized and opera	ted exclusively to	test for public safety. Se	e section	509(a)(4).			
12		An organization organized and operat	ed exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpos	es	
		of one or more publicly supported org		1717					
		Check the box in lines 12a through 12				•		•	
	а	Type I. A supporting organization				•	. ,	ving	
		the supported organization(s) the			rity of the c	lirectors or	trustees of the		
		supporting organization. You mu			241 - 24				
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having								
		control or management of the sup			rsons that (control or r	nanage the supporte	a	
	_	organization(s). You must comp			onaction w	ith and fu	nationally intograted	with	
	С	its supported organization(s) (see						witii,	
	d	Type III non-functionally integr						ion(s)	
	ď	that is not functionally integrated.						. ,	
		requirement (see instructions). Y					it and an atternivenes	•	
	е	Check this box if the organization					Type II. Type III		
		functionally integrated, or Type III				, , ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	f	Enter the number of supported organi						[
	g	Provide the following information about						_	
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amour	t of
				(described on lines 1-10 listed in your govous above (see instructions)) document?			support (see instructions)	other support (see instructions)	
				above (see instructions))	docum		instructions)	mandono	113)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

Total

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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount			4			
e	shown on line 11, column (f)						
6 Sec	Public support. Subtract line 5 from line 4 lion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(4) = 0	(3) 20:0	(0,20.0	(3/2011	(0, 20.0	(1) 1016.
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	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		<u> </u>				▶ 🗌
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c					14	%
15	Public support percentage from 2017 Sched					15	%
16a	33 1/3% support test - 2018. If the organiz			,	•		
	box and stop here . The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2017. If the organiz						, n
170	this box and stop here. The organization q		-				▶ ⊔
17a	10%-facts-and-circumstances test - 2018	· ·		·	•		
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact		_				▶ □
h	organization						· · · · · F
b	15 is 10% or more, and if the organization r	-				1 III IC	
	Explain in Part VI how the organization mee				-	cly	
	supported organization			ŭ		•	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

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.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	261,738	308,612	276,200	459,202	166,245	1,471,997
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	2027.55	300,012	270,200	100,202	100/113	1,1,1,33,
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	Total. Add lines 1 through 5	261,738	308,612	276,200	459,202	166,245	1,471,997
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.)						1,471,997
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	261,738	308,612	276,200	459,202	166,245	1,471,997
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,362	1,805	1,842	2,026	4,369	12,404
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,362	1,805	1,842	2,026	4,369	12,404
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.)	264,100	310,417	278,042	461,228	170,614	1,484,401
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8, co					15	99.16 %
	Public support percentage from 2017 Schedu					16	99.36 %
	ction D. Computation of Investme			1 (0)		4-	
17 40	Investment income percentage for 2018 (line					17	1.00 %
18	Investment income percentage from 2017 S				L	18	1.00 %
	33 1/3% support tests - 2018. If the organia 17 is not more than 33 1/3%, check this box	and stop here. Th	ne organization qua	alifies as a publicly	supported organiz	zation	▶ 🏻
	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	n qualifies as a pub	olicly supported org	ganization	
20	Private foundation. If the organization did in	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	s	▶ ∐

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

Department of the Treasury

Name of the organization

GROWTH THROUGH LEARNING INC

Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2018

Employer identification number

04-3372808

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

Name of organization Employer identification number

GROWTH THROUGH LEARNING INC

04-3372808

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$46,690	Person 🔀 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 2_		\$15,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ 10,000	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_		\$6,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$5,000	Person 🔀 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

EEA Schedule F (Form 990) 2018

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

▶ 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) (2018) Page 2 Name of the organization Employer identification number GROWTH THROUGH LEARNING INC 04-3372808 05. General explanation attachment PART 1 SUMMARY MISSION STATEMENT GROWTH THROUGH LEARNING IS A SECULAR ORGANIZATION THAT SUPPORTS EDUCATION AND DEVELOPMENT BY PROVIDING FULL SCHOLARSHIPS TO SECONDARY SCHOOLS FOR BRIGHT YOUNG WOMEN IN KENYA, TANZANIA, AND, UGANDA WHO WOULD OTHERWISE BE UNABLE TO AFFORD AN EDUCATION. WE ARE DEDICATED TO INCREASING CROSS-CULTURAL AND TRIBAL DIVERSITY IN EAST AFRICA THROUGH THE SCHOLARSHIPS WE AWARD AND TO EDUCATING PEOPLE IN THE UNITED STATES ABOUT 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 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 SCHOLARSHIP RECIPIENTS CAN RELY ON AT LEAST ONE ADDITIONAL YEAR OF EDUCATION SHOULD GTLS FUNDING BE THIS PROVIDES GTLS SCHOLARSHIP RECIPIENTS WITH ONE YEAR TO SEEK ANOTHER MEANS OF SUPPORT FOR THEIR EDUCATION SHOULD GTL NOT BE ABLE TO CONTINUE SUCH SUPPORT. 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 6/30.

Department of the Treasury

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 07-01-2018 , and ending 06-30-2019

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

2018

OMB No. 1545-1878

▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization GROWTH THROUGH LEARNING INC 04-3372808 Name and title of officer WANJIKU MWANGI, DIRECTOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here $\blacktriangleright X$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3a Form 1120-POL check here 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only lauthorize Nicolas E DiDonato CPA LLC to enter my PIN as my signature 54321 ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO 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's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Wanjiku K Mwangi Officer's signature Date ▶ 09-16-2019 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. XXXXXX 13341 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. Date > 10-28-2019 ERO's signature **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

2018 Tax Return Documents (GROWTH THROUGH LEARNIN - Client Copy)

Final Audit Report 2019-10-28

Created: 2019-10-28

By: nicolas didonato (nick@didonatocpa.com)

Status: Signed

Transaction ID: CBJCHBCAABAA1zzfRXTXZjOSOUsVHyO2AueUVjekS9sv

"2018 Tax Return Documents (GROWTH THROUGH LEARNIN - Client Copy)" History

- Document created by nicolas didonato (nick@didonatocpa.com) 2019-10-28 1:25:52 PM GMT- IP address: 184.105.3.4
- Document emailed to Wanjiku K Mwangi (execdir@growththroughlearning.org) for signature 2019-10-28 1:29:16 PM GMT
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 Signature Date: 2019-10-28 1:36:41 PM GMT Time Source: server- IP address: 75.69.147.236
- Signed document emailed to nicolas didonato (nick@didonatocpa.com) and Wanjiku K Mwangi (execdir@growththroughlearning.org)

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