DLN: 93493215003326

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A F	or the	e zu	13 Ca	lendar year, or tax year beginnin	ng 01-01-2015 , and ending 12-31-2	2015		
B Ch	eck if a	applic	cable	C Name of organization CHILDREN INC			D Employe	er identification number
☐ Ad	dress c	chang	je				31-091	0787
┌ Na	me cha	ange	:	Doing business as				
┌ Inr	tıal retu	um					E Telephone	e number
Fir				Number and street (or P O box if m 333 MADISON AVENUE	nail is not delivered to street address) Room	/suite		
_	urn/ter			333 MADISON AVENUE			(859)4	31-2075
	ended			City or town, state or province, cour COVINGTON, KY 41011	ntry, and ZIP or foreign postal code		G Gross rec	eipts \$ 9,129,487
Г Ар	plicatio	n pe	ndıng	Serineren, Kr. 12011			G Gloss led	eipts \$ 9,129,407
				F Name and address of prin	ncipal officer	H(a)	Is this a group re	
				RICK HULEFELD 333 MADISON AVENUE		11/15	subordinates?	\[\text{Yes \(\nabla\)}\]No
				COVINGTON, KY 41011		H(B)	Are all subordina included?	ates Tyes TNo
						_		list (see instructions)
I Ta	x-exer	mpt s	status	▼ 501(c)(3)	nsert no) 4947(a)(1) or 527	H(c)	Group exemptio	n number ►
J W	ebsit	e: Þ	- ww	W CHILDRENINC ORG				
K For	m of or	rganı	ızatıon	Corporation Trust Associatio	n	L Yea	ar of formation 1977	7 M State of legal domicile KY
Pa	rt I	3	Sum	mary		•		'
Governance	<u>M</u>	VITE	IMUN HIN A	ITY THROUGH EXEMPLARY SE CULTURE OF INNOVATION,	G CHILDREN BY PARTNERING WITERVICES, TRAINING, RESEARCH A COLLABORATION AND SHARED L continued its operations or dispose	AND ADVC EADERSH	CACY WE ACC	OMPLISH OUR MISSION
				, J	· ·			
Activities &	3	Nun	nberd	of voting members of the governi	ng body (Part VI, line 1a)			3 21
Ě				· · · · · · · · · · · · · · · · · · ·	of the governing body (Part VI, line 1		<u> </u>	4 21
ទ្ធ				nber of individuals employed in c	· · · <u> </u>	5 349		
•				· ·	ecessary)			6 215
	1				art VIII, column (C), line 12		—	7a 337,250
	b N	letι	unrela	ited business taxable income fro	m Form 990-T, line 34	<u> </u>		7b 0
							Prior Year	Current Year
	١ ـ	_			44.5			
<u>a</u>	8				ne 1h)		4,336,10	05 4,513,595
enne	9	Р	rogra	ım service revenue (Part VIII, li	ne 2 g)		4,336,10 4,070,21	05 4,513,595 11 3,149,356
Revenue	9 10	P I	rogra nvest	am service revenue (Part VIII, li tment income (Part VIII, column	ne 2g)		4,336,10 4,070,21 292,27	05 4,513,595 11 3,149,356 70 302,288
Revenue	9 10 11	P I C	rogra nvest Other	im service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g)		4,336,10 4,070,21 292,27 50,44	05 4,513,595 11 3,149,356 70 302,288 46 66,235
Revenue	9 10	P I C T	rogra nvest Other	im service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g)		4,336,10 4,070,21 292,27	05 4,513,595 11 3,149,356 70 302,288 46 66,235
Revenue	9 10 11	P I C T 1	rogrant nvest other otal (nm service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11	ne 2g)	line	4,336,10 4,070,21 292,27 50,44	05 4,513,595 11 3,149,356 70 302,288 46 66,235 32 8,031,474
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	9 10 11 12 13 14 15	P I C T 1	Progra nvest Other Total II . 2) Grants Benefi Salarie	im service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	ne 2g)	Inne	4,336,10 4,070,21 292,27 50,44 8,749,03 24,69	05 4,513,595 11 3,149,356 70 302,288 46 66,235 32 8,031,474 97 32,602 0 0 70 6,683,227
	9 10 11 12 13 14 15	P I C T 1 G B S S	Progra nvest Other Total (. 2) Grants Balarie 5-10) Profes	am service revenue (Part VIII, li tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employed	ne 2g)	Inne	4,336,10 4,070,21 292,27 50,44 8,749,03 24,69	05 4,513,595 11 3,149,356 70 302,288 46 66,235 32 8,031,474 97 32,602 0 0
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FT MITCHELL, KY 41017

May the IRS discuss this return with the preparer shown above? (see instructions)

. ▼Yes 「No

Forn	n 990 (2015)					Page 2				
Pai	t IIII Statemer	nt of Program Serv	ice Accomp	lishments						
	Check if Scl	hedule O contains a res	ponse or note t	o any line in this Part III						
1	Briefly describe th	e organization's missior	า			_				
THR	OUGH EXEMPLARY		G, RESEARCH A	AND ADVOCACY WE AC	ES, PROFESSIONALS AND COMPLISH OUR MISSION					
	Did the organizatio	n undertake any signific	ant program se	ervices during the year wh	uch were not listed on					
		Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?								
	If "Yes," describe these new services on Schedule O									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe	If "Yes," describe these changes on Schedule O								
4	expenses Section	·	4) organization:	s are required to report th	largest program services, a e amount of grants and alloo	·				
4a	(Code) (Expenses \$	4,402,585	ıncludıng grants of \$) (Revenue \$	2,110,271)				
		RE SERVICES TO WORKING I VENUE SERVICE THIS PROGI			NCOME ALSO PROVIDING CHILD (CARE SERVICES TO EMPLOYEES				
4b	(Code) (Expenses \$	931,162	ıncludıng grants of \$) (Revenue \$	701,835)				
	PROVIDING CHILD CA	ARE SERVICES FOR SCHOOL A	AGE CHILDREN, AF	TER SCHOOL AND DURING THE	SUMMER THIS PROGRAM SERVE	D 1,242 PEOPLE				
4c	(Code) (Expenses \$	670,308	including grants of \$) (Revenue \$)				
	ATZITALION FOR AOO	NG AT RISK PARENTS THIS F	YKUGKAM SERVED	311 PEOPLE						

32,602) (Revenue \$

See Additional Data

Total program service expenses ►

(Expenses \$

4d

Other program services (Describe in Schedule O)

1,421,187 including grants of \$

7,425,242

Form 990 (2	Form 990 (2015)							
Part IV	Checklist of Required Schedules							

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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	Yes	
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	Yes	
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	Yes	
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
_	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O contains a response of 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 142			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-	V	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	165	
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
_	account)?	4a		Νo
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
	2	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
1	organization solicit any contributions that were not tax deductible as charitable contributions?			
D	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	7a	Yes	
	services provided to the payor?		V	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter Instruction fees and capital contributions included on Part VIII. June 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	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			
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? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		F	orm 99 0	(2015)

Part VI	Governance	, Management,	and	Disclosure

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 21			
	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 21			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	H		110
	more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b		No
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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		No
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?	16h		
C-	ection C. Disclosure	16b		<u> </u>
<u> </u>	List the States with which a copy of this Form 990 is required to be filed			
-/	KY, OH			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own 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			

State the name, address, and telephone number of the person who possesses the organization's books and records IM EPPING 333 MADISON AVENUE COVINGTON, KY 41011 (859) 431-2075 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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

- I I I I I I I I I I I I I I I I I I I										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ect	not box h ar or/tr	cheric et Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARK SILBERSACK BOARD MEMBER	1 00	х						0	0	0
(2) GARY STRASSEL PRESIDENT	1 00	х		х				0	0	0
(3) SUZANNE ANDERSON BOARD MEMBER	1 00	х						0	0	0
(4) MARY HENKEL BOARD MEMBER	1 00	х						0	0	0
(5) WILLIAM MARTIN JR BOARD MEMBER	1 00	х						0	0	0
(6) BRANDON DEVAULT BOARD MEMBER	1 00	х						0	0	0
(7) KATE SMITH BOARD MEMBER	1 00	х						0	0	0
(8) PAT HOFFMANN BOARD MEMBER	1 00	х						0	0	0
(9) MONICA MCGLOIN SECRETARY	1 00	х		х				0	0	0
(10) SUSAN COOK BOARD MEMBER	1 00	x						0	0	0
(11) CHARLIE HORNING BOARD MEMBER	1 00	x						0	0	0
(12) MARK COSIMI VICE PRESIDENT	1 00	х		х				0	0	0
(13) STEVE HORN TREASURER	1 00	х		х				0	0	0
(14) LORI ZOMBEK BOARD MEMBER	1 00	х						0	0	0
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	checl x, unle n office rustee	ess er	compensa from th organizat	Reportable compensation from the organization		e ion ed ns	(F Estin amount comper from	nated of other nsation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/10 MISC)		(W- 2/1099 MISC)	9 -	organi and re organiz	elated
(15) PEGGY BOGADI	1 00	х							0		0		0
BOARD MEMBER (16) CATHERINE PERLSON	1 00												
BOARD MEMBER		х							0		0		0
(17) MARCIA SHERMAN	1 00												
BOARD MEMBER		X							0		0		0
(18) RICHARD WARMAN	1 00	х							0		0		0
BOARD MEMBER													
(19) RICK HULEFELD	40 00			×				1	33,398		0		14,257
CHIEF EXECUTIVE OFFICER (20) PHYLLIS BERRY	40 00												
DIRECTOR OF DIRECT SERVICES				×					76,073		0		13,144
(21) THOMAS LOTTMAN	40 00			\ ,					01.014				10.700
RESEARCH DIRECTOR				X					91,814		0		10,790
(22) JAMES EPPING	40 00			×					71,609		0		19,873
DIRECTOR OF FINANCE													
1b Sub-Total	·				F	<u> </u>					П		
c Total from continuation sheets to Part	-												
d Total (add lines 1b and 1c)		•	<u></u>					372,894		0			58,064
Total number of individuals (including to \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more	than				
												Yes	No
3 Did the organization list any former offi			e, key	y em	plo	yee, o	r hıg	hest compe	nsate	d employee			
on line 1a? <i>If "Yes," complete Schedule 3</i>	for such individ	lual .	•	•	٠		•		•		3		No
For any individual listed on line 1a, is t organization and related organizations										om the			
individual	greater than \$1	•			•	•	•		• •		4		No
5 Did any person listed on line 1a receive	e or accrue com	pensat	ion f	rom	any	unrel	ated	lorganizatio	norır	ndıvıdual for			
services rendered to the organization?.	If "Yes," complet	e Sche	dule 3	for	suc	h pers	on			[5		No
Costion B. Indonesia Contract													
Section B. Independent Contractor 1 Complete this table for your five highes		ındepe	nden	ıt co	ntra	actors	that	t received m	ore th	nan \$100.000	of		
compensation from the organization Re	eport compensa									the organizat			
Name and t	(A) ousiness address							De	escription	(B) on of services		(C Compe	
ELLENBEE LEGGET								FOOD AN	D SUPF	PLIES			102,753
3765 PORT UNION RD													
FAIRFIELD, OH 45014													
	· · · · · · · · · · · · · · · · · · ·										\Box		
2 Total number of independent contractors \$100,000 of compensation from the org		not lim	ıted t	o th	ose	listed	abo	ove) who rec	eıved	more than			

Part V	/##	Statement o		nce or note to any lir	ag in this Dart VIII			Г
		Check it Scheal	ule O contains a respoi	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w s	1a	Federated camp	paigns 1a	1,132,000				
Grants mounts	ь	Membership du	es 1b					
Gr.	c	Fundraising eve	ents 1c					
ffs, r.A	d	Related organiz						
niga Pila	e	Government grants		2,522,693				
ons, Sin		_		858,902				
uti rer	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution 1a-1f \$	ons included in lines					
on and	h	Total. Add lines	s 1 a - 1 f	🔎	4,513,595			
				Business Code				
enue	2a	PROGRAM SERVICE	E REVENUE	624410	3,149,356	2,812,106	337,250	
£9.	ь							
Se F	с							
er v	d							
n 8	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
ĞΈ	g	Total. Add lines	s 2a – 2f		3,149,356			
	3		ome (including dividen		141,259			141,25
	4		ar amounts) tment of tax-exempt bond		,			,
	5			` ▶				
			(ı) Real	(11) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)	<u> </u>				
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,199,016	` .				
	ь	Less cost or other basis and sales expenses	1,037,987					
	С	Gain or (loss)	161,029					
	d		s)	▶	161,029			161,02
Other Revenue	8a	Gross income fi events (not incl \$						
<u>.</u>		See Part IV, lin						
Ť.	ь	Less direct evi	a penses b	126,261 60,026				
J	c		loss) from fundraising		66,235			66,23
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	Ь	less direct evi	penses b					
			loss) from gaming acti	vities				
		Gross sales of	inventory, less					
		returns and allo	wances . a					
	b	Less cost of a	oods sold b					
			loss) from sales of inv	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	С							
	d	All other revenu						
	е	Total. Add lines		•				
	12	Total revenue.	See Instructions .	· · · · •	8,031,474	2,812,106	337,250	368,52

Part	IX Statement of Functional Expenses				Tage 10
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organiz	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	17,343	17,343		
2	Grants and other assistance to domestic individuals See Part IV, line 22	15,259	15,259		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,239,062	4,564,461	635,932	38,669
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	145,449	121,686	22,276	1,487
9	Other employee benefits	623,838	567,903	54,497	1,438
10	Payroll taxes	674,878	606,702	65,153	3,023
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	29,384		29,384	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	109,812	36,184	73,628	
12	Advertising and promotion	58,598	38,418	20,180	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	509,650	363,033	146,617	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	137,915	67,656	70,259	
23	Insurance	34,099	29,050	5,049	
24	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)				
а	SUPPLIES	520,957	494,751	26,206	
b	CONTRACTUAL SERVICES	219,773	219,773		
c	MISCELLANEOUS	178,389	129,768	48,621	
d	BAD DEBT EXPENSE	83,606	83,606		
е	All other expenses	83,071	69,649	13,422	_
25	Total functional expenses. Add lines 1 through 24e	8,681,083	7,425,242	1,211,224	44,617
26	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)				

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X

					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			138,517	1	260,074	
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			359,499	4	336,856	
	5	Loans and other receivables from current and former offickey employees, and highest compensated employees Control Schedule L	ers, di omplet	rectors, trustees, e Part II of		5		
Assets	6	Loans and other receivables from other disqualified persenction 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst	3), and 501(c)(9)		6			
Š	_	Naharan dia mananahiran da						
⋖	7	Notes and loans receivable, net			00 240	7	84.750	
	8	Inventories for sale or use			88,218		81,759	
	9	Prepaid expenses and deferred charges		 I	7,700	9	4,500	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,448,077				
	b	Less accumulated depreciation	10b	2,257,174	1,119,739	10c	1,190,903	
	11	Investments—publicly traded securities		11				
	12	Investments—other securities See Part IV, line 11 .			6,522,263	12	5,307,734	
	13	Investments—program-related See Part IV, line 11 .				13		
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11	Other assets See Part IV, line 11					
	16	Total assets.Add lines 1 through 15 (must equal line 34))		8,236,872	16	7,182,762	
	17	Accounts payable and accrued expenses			1,161,400	17	1,116,699	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability Complete Part IV of				21		
Liabilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di		•				
壹		persons Complete Part II of Schedule L	•			22		
<u>.e</u>	23	Secured mortgages and notes payable to unrelated third				23		
_	24	Unsecured notes and loans payable to unrelated third pa				24		
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relat	ed third parties,				
						25	4	
	26	Total liabilities. Add lines 17 through 25			1,161,400	26	1,116,699	
у Ф		Organizations that follow SFAS 117 (ASC 958), check he	re 🕨 🎚	and complete				
ž	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			2,637,752	27	1,905,941	
Fund Balances					791,813		506,215	
<u> </u>	28	Temporarily restricted net assets			3,645,907	28 29	3,653,907	
Ĭ	29	Permanently restricted net assets			3,643,907	29	3,033,907	
Ŧ		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.	песк ће	ere F- and				
9	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment	fund			31		
\$ 5	32	Retained earnings, endowment, accumulated income, or				32		
7	33	Total net assets or fund balances	ouiei il	mus	7,075,472	33	6,066,063	
Net	34				, ,			
	34	Total liabilities and net assets/fund balances			8,236,872	34	7,182,762	

FUIII	1990 (2013)				Page ⊥ ∡
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		•		୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,(8	31,474
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,6	581,083
3	Revenue less expenses Subtract line 2 from line 1	3		- (549,609
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,0	75,472
5	Net unrealized gains (losses) on investments	5			 359,800
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,0	066,063
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
	, , , , , , , , , , , , , , , , , , , ,			Yes	No
1	Accounting method used to prepare the Form 990	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revaluated basis, or both	riewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	За	Yes	
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	Yes	

Additional Data

Software ID: Software Version:

EIN: 31-0910787

Name: CHILDREN INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	296,862	including grants of \$) (Revenue \$)
CHILD CARE PRO	VIDED BY INDIVIDUALS IN	THEIR HOMES	5		
(Code) (Expenses \$	277,648	including grants of \$	32,602) (Revenue \$)
SERVICE LEARNI	NG				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Torin 550, Part	TII Triogram Scrvice	c Accompn.	simicities (See the Thati d	ictions)	
(Code) (Expenses \$	309,070	ıncludıng grants of \$) (Revenue \$)
IMAGINE TOMORF	ROW				
(Code) (Expenses \$	290,616	ıncludıng grants of \$) (Revenue \$)
TRAINING AND GF	ROWING SOUND				

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 246,991 including grants of \$) (Revenue \$)
ADVOCACY AND RESEARCH

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493215003326

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

CHILD	REN IN	С					31-0910787			
Pai	rt I	Reason for Publi	c Charity S	itatus (All organiza	tions must co	mplete this p	•	ons.		
The o	rganı	zation is not a private fo					•			
1	Γ	A church, convention								
2	Г	A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	n 990 or 990-E	Z))			
3	Г		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research or). Enter the		
	•	hospital's name, city,	-		'			,		
5	Γ		ated for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	lescribed in section		
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(:	1)(A)(v).			
7	<u> </u>	An organization that n described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)	_	ental unit or from the g	eneral public		
8		A community trust de								
9	Г	receipts from activition from gross investment organization after Jun	es related to it it income and e 30, 1975 S	ves (1) more than 33 is exempt functions—s unrelated business tax eesection 509(a)(2).	subject to certa xable income (l (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 tax) from businesse	3 3 1/3% of its support		
10 11	<u> </u>	An organization organ An organization organ	•	•	•	•				
a b	_ _	one or more publicly s the box in lines 11a th Type I. A supporting of supported organization organization You mus Type II. A supporting management of the su must complete Part IV Type III functionally	upported organough 11d that organization opn(s) the power tomplete Pa organization sporting organous A a integrated. A sections A a integrated.	nizations described in at describes the type of perated, supervised, or to regularly appoint of tall, sections A and I upervised or controlled in the section of the sectio	section 509(a) of supporting or controlled by in the controlled by in the controlled by in the controlled by in connection same persons the controlled in co)(1) or section ganization and ts supported o ty of the direct with its suppo hat control or i	509(a)(2) See sectio complete lines 11e, 1 rganization(s), typical ors or trustees of the orted organization(s), the manage the supported and functionally integrated.	on 509(a)(3). Check 1f, and 11g ly by giving the supporting by having control or organization(s) You		
	_	supported organization		•	•					
d	ı	Type III non-function not functionally integr								
		(see instructions) Yo					ement and an attentiv	eness requirement		
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally		
		ıntegrated, or Type III								
f	Ente	r the number of support					· · · · · · · —			
g		Provide the following i	nformation abo	out the supported orga	inization(s)					
Nam	ne of s	(i) upported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organ Isted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
					Yes	No				
						- · · ·				
Total	I									

Pa	Support Schedule f (Complete only if you						
	Part III. If the organi						iality under
S	ection A. Public Support	zacion rano co q	damy diadr the	. teste listed set	iovi, piedoe com	piete i dit III.)	
	Calendar year	(-)2011	(5)2012	(-)2012	(4)2014	(-)201F	(6) T - t - l
(or	fiscal year beginning in) 🕨	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) ⊤otal
1	Gifts, grants, contributions, and						
	membership fees received (Do	8,034,477	8,020,095	4,676,561	4,336,105	4,513,593	29,580,831
_	not include any unusual grants) Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit						
	to the organization without						
	charge						
4	Total. Add lines 1 through 3	8,034,477	8,020,095	4,676,561	4,336,105	4,513,593	29,580,831
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f)			 			
6	Public support. Subtract line 5 from line 4						29,580,831
S	ection B. Total Support			I			
	Calendar year	I			T	T	
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	A mounts from line 4	8,034,477	8,020,095	4,676,561	4,336,105	4,513,593	29,580,831
8	Gross income from interest,						
•	dividends, payments received on	20.202	22.026	60.020	150.653	141 250	421 161
	securities loans, rents, royalties	28,383	33,036	68,830	159,653	141,259	431,161
	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						20.011.002
	through 10						30,011,992
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	8,894,688
13	First five years.If the Form 990 is	s for the organizat	ion's first, second	l, third, fourth, or i	fifth tax vear as a	section 501(c)(3)	organization.
	check this box and stop here						,
S	ection C. Computation of Pu	ublic Support	Percentage				
14	Public support percentage for 20:	15 (lıne 6, column	(f) divided by line	e 11, column (f))		14	98 560 %
15	Public support percentage for 20:	14 Schedule A, Pa	art II, line 14			15	99 020 %
16a	33 1/3% support test—2015.If the	e organization did	not check the bo	x on line 13, and l	line 14 is 33 1/3%	or more, check th	nis box
	and stop here. The organization q					•	► ▼
b	33 1/3% support test—2014. If th				, and line 15 is 33	1/3% or more, ch	eck this
	box and stop here. The organizati		, , ,	-			▶ ┌
17a	10%-facts-and-circumstances tes	-				•	
	is 10% or more, and if the organiz						
	in Part VI how the organization m	eets the "facts-ar	nd-circumstances	" test The organi	ızatıon qualıfıes a:	s a publicly suppo	
,	organization	4 2014 TEAL -	المراجع والمراجع والمرجع والمرج والمرج والمرج والمرج والمرجع والمرجع والمرج والمرج والمرج والمرج والمر	ahaala - h '	. 12 16- 16-	السيال	▶□
b	15 is 10% or more and if the org						
	15 is 10% or more, and if the org Explain in Part VI how the organiz						v
	supported organization	zacion meets tile	iacts-and-circum	istances lest If	ie organization qu	aimes as a publici	y ▶□
18	Private foundation. If the organization	ation did not chec	k a box on line 13	,16a,16b.17a	or 17b. check this	box and see	-,
-	instructions			, , = , - , - , - ,	, = =		▶ ┌

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

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

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

	··		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^2$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?	3с		
4 a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493215003326

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization CHILDREN INC 31-0910787 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes Was a correction made? If "Yes." describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (b) Address (e) A mount of political (a) Name (c) EIN (d) A mount paid from filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

reporting section 4911 tax for this year?

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	▶	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
	_	expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobb (The term "expenditures" n		(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		138,681	
b	Total lobbying expenditures to influence a legis				
c	Total lobbying expenditures (add lines 1a and 1		138,681		
d	Other exempt purpose expenditures		8,542,402		
e	Total exempt purpose expenditures (add lines		8,681,083		
f	Lobbying nontaxable amount Enter the amount		584,054		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000				
g	Grassroots nontaxable amount (enter 25% of I		146,014		
h	Subtract line 1g from line 1a If zero or less, en		0		
i	Subtract line 1f from line 1c If zero or less, ent	er -0-		0	
j	If there is an amount other than zero on either I	ine 1h or line 1i, did the organization file Form 472	20	•	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

┌ Yes ┌No

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
Lobbying nontaxable amount	559,577	608,861	610,458	584,054	2,362,950				
Lobbying ceiling amount (150% of line 2a, column(e))					3,544,425				
Total lobbying expenditures	81,282	94,226	111,130	138,681	425,319				
Grassroots nontaxable amount	139,894	152,215	152,615	146,014	590,738				
Grassroots ceiling amount (150% of line 2d, column (e))					886,107				
Grassroots lobbying expenditures	81,282	94,226		138,681	425,319				
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount 559,577 Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures 81,282 Grassroots nontaxable amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures 81,282 94,226 Grassroots nontaxable amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 Lobbying nontaxable amount 559,577 608,861 610,458 Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures 81,282 94,226 111,130 Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures 81,282 94,226 111,130	Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 Lobbying nontaxable amount 559,577 608,861 610,458 584,054 Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures 81,282 94,226 111,130 138,681 Grassroots nontaxable amount 139,894 152,215 152,615 146,014 Grassroots ceiling amount (150% of line 2d, column (e))				

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige S
<i></i>	1	(a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01(c)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493215003326

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

rnal	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	s.gov/f	orm990. Inspection
	ne of the organ LDREN INC	ization		Emple	oyer identification number
J111	EDREN INC			31-0	910787
Pa			r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.	unds o	r Accounts.
			(a) Donor advised funds	(b)	unds and other accounts
	Total numbe	er at end of year			
	Aggregate v year)	value of contributions to (during			
	Aggregate v	value of grants from (during year)			
	Aggregate v	value at end of year			
	_		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advis	ed ┌ Yes ┌ No
	used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		purpose Yes No
аг	rt III Conse	rvation Easements. Compl	ete if the organization answered "Yes"	on Form	n 990, Part IV, line 7.
	Preservation Preservation Complete lines	on of land for public use (e g , recre of natural habitat on of open space s 2a through 2d if the organization	_	certified	cally important land area historic structure of a conservation
	easement on t	he last day of the tax year			Held at the End of the Year
а	Total number o	of conservation easements		2a	Ticha at the Lina of the Teal
b	Total acreage	restricted by conservation easem	ents	2b	
С	Number of con	servation easements on a certified	d historic structure included in (a)	2c	
d		servation easements included in (ure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
	Number of con tax year ►	servation easements modified, tra	nsferred, released, extinguished, or terminat	ed by the	e organization during the
	Number of stat	tes where property subject to cons	ervation easement is located 🛌		
		nization have a written policy regai denforcement of the conservation of	ding the periodic monitoring, inspection, har easements it holds?	ndling of	┌ Yes
	Staff and volur year	nteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
	<u> </u>				
		enses incurred in monitoring, insp	ecting, handling of violations, and enforcing o	conserva	tion easements during the year
	► \$				
	(B)(ı) and sect	cion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		☐ Yes ☐ No
	balance sheet		ts conservation easements in its revenue ar : of the footnote to the organization's financia asements		
ar			ctions of Art, Historical Treasures,	or Oth	er Similar Assets.
			ed "Yes" on Form 990, Part IV, line 8.		
3	works of art, h	istorical treasures, or other simila	FAS 116 (ASC 958), not to report in its reve rassets held for public exhibition, education, note to its financial statements that describe	or resea	rch in furtherance of public
b	works of art, h		FAS 116 (ASC 958), to report in its revenue r assets held for public exhibition, education, o these items		
(i) Revenue incl	uded on Form 990, Part VIII, line	1	► \$_	
		led in Form 990, Part X			
,	If the organiza	tion received or held works of art,	historical treasures, or other similar assets f SFAS 116 (ASC 958) relating to these items	for financ	
а	_	ded on Form 990, Part VIII, line 1	· · · · · ·		► \$
		:::: , : -:: , : :::			· · · -

Assets included in Form 990, Part X

Part	•••	Organizations Maintaining (continued)	Collections of A	rt, Historical	Treasures,	or O	ther Similar A	sset	5	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other rec					e of it	S	
а	┌ P	ublic exhibition		d Lo	an or exchange	progr	ams			
b	┌ s	cholarly research		е Г Оt	her					
c	ГР	reservation for future generations								
4	Provide Part >	de a description of the organization KIII	's collections and exp	olaın how they fur	ther the organı	zatıon	's exempt purpose	ın		
5		g the year, did the organization soli is to be sold to raise funds rather th							No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.	ingements.					nt on	Forn	า 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other interi	mediary for contr	ibutions or oth	erass	ets not Yes	Г	No	
b	If"	Yes," explain the arrangement in P	art XIII and complete	e the following ta	ble		Am	ount		
c	Beg	ginning balance				1c				
d	A d	ditions during the year				1d				
e	Dis	tributions during the year				1e				
f	End	ding balance				1f				
2a		ne organization include an amount o	on Form 990, Part X, I	ine 21, for escro	w or custodial a	accour	nt liability? Yes	·	No	
		J	, ,	,			,	·		
b	If"Ye	es," explain the arrangement in Part	XIII Check here if t	he explanation h	as been provid	ed in P	art XIII			Γ
Pai	rt V	Endowment Funds. Comple								
			(a)Current year	(b)Pnor year	b (c)Two years	back	(d)Three years back	(e)F	our ye	ars back
1a	Begin	nning of year balance	5,258,153	1,939,575	1,26	6,070				
b	Contr	ributions · · · · · · · ·	-162,441	3,594,677	47	0,944	1,266,070			
c	losse		-57,244	304,611	22	1,539				
d	Grant	s or scholarships								
e	and p	r expenditures for facilities rograms • • • • • • •	742,078	568,649		7,740				
f		nistrative expenses	26,526	12,061	1	1,238				
g	End o	of year balance	4,269,864	5,258,153		9,575	1,266,070			
2	Provi	de the estimated percentage of the	current vear end bala	ance (line 1a. col	umn (a)) held a	s		-		
а		I designated or quasi-endowment 🕨		. 5,	. ,,					
b		anent endowment - 84 890 %								
		anche endowment P	9 590 %							
С	The p	orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%							
За	organ	nere endowment funds not in the posization by related organizations	_	nization that are f	ield and admini	stered	_	(i)	Yes	No No
								(ii)	\dashv	No
b	• •	elated organizations es" on 3a(ii), are the related organiz						3b	\dashv	
4		ribe in Part XIII the intended uses				•	· · · · _ ·			
Par	t VI	Land, Buildings, and Equip								
		Complete if the organization								
		Description of property		(a) Cost or other (Investme		ĥer bas	Accumulated (c) depreciation	((1) Bool	k value
1a	Land					86,00	00			86,000
b I	Buildin	gs			1	,090,06	322,49	96		767,571
c I	Leaseh	nold improvements			1	,888,04	1,586,69	96		301,348
d I	Equipn	nent				383,96	347,98	32		35,984
e (Other									

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

1,190,903

Investments—Other Securities. Con See Form 990, Part X, line 12.	I the organiz		
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			
(3) 0 ther			
(A) PUBLICLY TRADED SECURITES		5,307,734	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•	5,307,734	
Complete if the organization answered	'Yes' on Form 990,	Part IV, line 11c. _{See}	Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	P anguard 'Vas' on Ea	rm 000 Part IV June 11	d Saa Farm 000 Dart V June 15
(a) Descri		ini 990, Parciv, inie 11	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25.	nızatıon answered '	Yes' on Form 990, Pa	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal Income taxes	1	_	
		1	
		-	
		_	
		1	
		4	
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	leturn
1	Total revenue, gains, and other support per audited financial statements	1	7,702,316
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -359,800		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-299,774
3	Subtract line 2e from line 1	3	8,002,090
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 29,384		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	29,384
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,031,474
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	8,711,725
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d 60,026		
e	Add lines 2a through 2d	2e	60,026
3	Subtract line 2e from line 1	3	8,651,699
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 29,384		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	29,384
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,681,083

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE PURPOSE OF THE BOARD DESIGNATED QUASI-ENDOWNMENT IS TO HELP SUSTAIN THE LONG-TERM FINANCIAL STABILITY OF CHILDREN, INC. AND POSITION IT TO RESPOND TO VARYING ECONOMIC CONDITIONS AND CHANGES AFFECTING ITS FINANCIAL POSITION
PART X, LINE 2	THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF THE ACCOUNTING PRONOUNCEMENT RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THE ORGANIZATION RECOGNIZED NO INTEREST OR PENALTIES IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES FOR BOTH THE YEARS ENDED DECEMBER 31, 2015 AND 2014 IF THE SITUATION AROSE IN WHICH THE ORGANIZATION WOULD HAVE INTEREST TO RECOGNIZE, IT WOULD RECOGNIZE THIS AS INTEREST EXPENSE AND PENALTIES WOULD BE RECOGNIZED IN OTHER EXPENSES CURRENTLY, THE THREE PRIOR TAX TAX YEARS ARE OPEN UNDER FEDERAL AND STATE STATUTES OF LIMITATIONS AND REMAIN SUBJECT TO REVIEW AND CHANGE THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THESE JURISDICTIONS BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD UNDER EXAMINATION THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED FOR BOTH THE YEARS ENDED DECEMBER 31, 2015 AND 2014
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES 60,026
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES 60,026

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

DLN: 93493215003326

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding

Fundraising or Gaming Activities

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

Name of the organization CHILDREN INC

Employer identification number

				31-0910787	,
		_		on Form 990, Part IV	', line 17.
Form 990-EZ	I filers are not requir	ed to complete	this part.		
1 Indicate whether the	organization raised fund	ds through any of t	the following activities C	heck all that apply	
a Mail solicitations	5		e ☐ Solicitation of n	on-government grants	
b Internet and ema	ail solicitations		f ☐ Solicitation of g	overnment grants	
c Phone solicitation	ns		g Special fundrais	sing events	
d In-person solicit	ations				
2a Did the organization or key employees lis services?	have a written or oral ag ted in Form 990 , Part V	greement with any II) or entity in cor	ındıvıdual (ıncludıng offic nnection with professiona	cers, directors, trustees Il fundraising Ye	es No
	highest paid individuals at least \$5,000 by the o		aisers) pursuant to agre	ements under which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)	of (ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes No			
1					
2					
_					
3					
4					
5					
J					
6					
7					
8					
Ü					
9					
10					
otal		>			
3 List all states in which registration or licensin		stered or licensed	to solicit contributions (or has been notified it is e	exempt from

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of
fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross
receipts greater than \$5,000.

	receipts greater than \$5,000	•			
		(a)Event #1	(b) Event #2	(c)O ther events	(d) Total events
		RAISING OF THE GREEN (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	126,261			126,261
	2 Less Contributions	126,261			126,261
	4 Cash prizes				
	5 Noncash prizes				
မှာ	6 Rent/facility costs				
Expenses	7 Food and beverages				
ភ្ន	8 Entertainment				
Direct	9 Other direct expenses	60,026			60,026
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		60,026
	11 Net income summary Subtract line 1	0 from line 3, column (d)		66,235
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Reveilue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
¥	1 Gross revenue				
nses	2 Cash prizes				
<u>8</u>	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
<u> </u>	5 Other direct expenses				
	6 Volunteer labor	└────────────────────────────────────	┌ Yes %	Yes %	
	7 Direct expense summary Add lines 2	through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	•	
9 a	Enter the state(s) in which the organizat				□ Yes □No
b	If "No," explain				
	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during		⊤Yes 「No
b	If "Yes," explain				

Schedule	G (Form	990	or 990-EZ)	201

Page	3
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L1	Does the organization conduct gaming	activities with nonmember	ers?	Yes N	0
12	Is the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partnership or other entit	ty	
	formed to administer charitable gaming	g?		┌Yes ┌N	0
13	Indicate the percentage of gaming acti	ıvıty conducted ın			
а	The organization's facility			13a	%
b	An outside facility			13b	%
L4	Enter the name and address of the pers	son who prepares the orga	anızatıon's gamıng/specıal events books	s and records	
	Name 🟲				
	Address ►				
.5a	Does the organization have a contract				
	revenue?			┌Yes ┌N	0
b	If "Yes," enter the amount of gaming re	evenue received by the or	ganızatıon 🟲 \$ a	and the	
	amount of gaming revenue retained by	the third party 🟲 \$			
c	If "Yes," enter name and address of th	e thırd party			
	Name 🟲				
	Address ►				
L 6	Gaming manager information				
	Name 🕨				
	Gaming manager compensation * \$				
	Description of services provided				
	Director/officer	Employee	☐ Independent contractor		
.7	Mandatory distributions				
а	Is the organization required under stat	e law to make charitable o	distributions from the gaming proceeds t	to	
	retain the state gaming license?			ΓYes ΓΝ	0
b	Enter the amount of distributions requi	red under state law distril	buted to other exempt organizations or s	spent	
	in the organization's own exempt activ				
Pai	rt IV Supplemental Information	on. Provide the explar 5b, 15c, 16, and 17b, a	nations required by Part I, line 2b, one applicable. Also complete this pa); and
	Return Reference		Explanation		
		•			

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Schedule I

(Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

 \blacktriangleright Information about Schedule I (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

DLN: 93493215003326OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

CHILDREN INC						31-0910787	
Part I General Information or	n Grants and	Assistance				•	
 Does the organization maintain recording the selection criteria used to award t Describe in Part IV the organization's 	he grants or ass s procedures for	istance? monitoring the use	of grant funds in the Un	ited States		·	▼ Yes N
Part II Grants and Other Assistance t that received more than \$5,00				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
2 Entertated number of costs = 501/->	(2) and sours					<u> </u>	
Enter total number of section 501(c)Enter total number of other organizat							

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TUITION ASSISTANCE	12	15,259		FMV	
Down TV Complemental Informati	tion Drawda the rafe	mantion recovered in D	aut I lina 2 Daut III	adiona (b) and ano ather	additional information

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	1 EACH PARTNER SCHOOL SIGNS A MEMORANDUM OF UNDERSTANDING WITH CHILDREN, INC EVERY SCHOOL HAS A W-9 ON FILE WITH
	CI FINANCIAL OFFICE 2 A SEED STIPEND IS PROVIDED TO EACH K-12 PARTNER SCHOOL IN THE FORM OF ONE OR TWO DISTRIBUTIONS
	A THE FIRST DISTRIBUTION IS DELIVERED IN SEPTEMBER OR WITHIN A MONTH OF JOINING THE INITIATIVE DURING THE SCHOOL YEAR
	(IT MAY BE UP TO \$400 FOR K-12 PUBLIC SCHOOLS AND \$200 FOR PRIVATE K-12 SCHOOLS) B THE SECOND DISTRIBUTION TO K-12
	SCHOOLS IS ON AN AS NEEDED BASIS UPON REQUEST AT THE TIME OF THE MID YEAR MEETING OR AS GREATER SERVICE LEARNING
	ACTIVITY DEPLETES THE SCHOOL BALANCE (UP TO \$400 FOR PUBLIC SCHOOLS AND \$200 FOR PRIVATE SCHOOLS) C SCHOOLS
	REPORT THEIR SERVICE LEARNING ACTIVITIES AND USE OF FUNDS AT THE MID-YEAR AND END OF YEAR MEETINGS OR WHEN THE
	ACCOUNT HAS BEEN BALANCED (GENERALLY JUNE 30TH EACH YEAR) EACH PRINCIPAL GIVES CI A WRITTEN STATEMENT OF WHAT WAS
	SPENT AT THE END OF THE SCHOOL YEAR, THE TOTAL AMOUNT REMAINING AS REPORTED BY THE SCHOOL IS SUBTRACTED FROM THE
	FIRST DISTRIBUTION OF THE NEXT SCHOOL YEAR SO THAT SCHOOLS DO NOT CARRY LARGE BALANCES FORWARD

DLN: 93493215003326

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

2015

Open to Public

ternai Revenue Service		Inspection
Name of the organiz	ation	Employer identification number
ONZEDNEN ING		31-0910787
Part I Questi	ons Regarding Compensation	

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Yes	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	B) Breakdown of W-2 and/or 1099-MISC compensation			` '	(E) Total of columns	(F) Compensation in
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference

Explanation

Return Reference	Explanation
PART I, LINES 4B-C	RICK HULEFELD RETIREMENT CONTRIBUTIONS - \$5,257, DEFERRED COMPENSATION CONTRIBUTIONS - \$9,000 TOM LOTTMAN
	RETIREMENT CONTRIBUTIONS - \$3,624, DEFERRED COMPENSATION CONTRIBUTIONS - \$7,000 PHYLLIS BERRY RETIREMENT
	CONTRIBUTIONS - \$2,990, DEFERRED COMPENSATION CONTRIBUTIONS - \$5,000 JAMES EPPING RETIREMENT CONTRIBUTIONS - \$2,814,
	DEFERRED COMPENSATION CONTRIBUTIONS - \$5.000

Schedule J (Form 990) 2015

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization CHILDREN INC	Employer identification number
	31-0910787

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION WILL RECEIVE A DRAFT COPY OF THE 990 WHICH WILL BE SENT TO THE DIRECTOR A ND THE BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING OF THE 990
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY THEY AR E VERY CONSCIENTIOUS ABOUT EXCUSING THEMSELVES WHEN AN ITEM OF CONFLICT ARISES WHICH IS VE RY SELDOM
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION IS COMPARED WITH THE UNITED WAY SURVEY OF COMPENSATION OF ALL NON-PROFIT POSITIONS ANNUALLY BY THE COMPENSATION COMMITTEE AND IS APPROVED BY THE BOARD THE COMPENS ATION COMMITTEE ALSO DOES A PERIODIC SURVEY OF COMPENSATION PAID TO EXECUTIVES OF OTHER COMPARABLE NON-PROFIT ENTITIES IN THE SAME GEOGRAPHIC AREA AS REPORTED IN THEIR FORM 990 FIL INGS
FORM 990, PART VI, SECTION C, LINE 19	THE FINANCIAL STATEMENTS ARE PUBLISHED IN AN ANNUAL REPORT AND MAILED TO A LARGE LIST OF S UPPORTERS AND PARTNERS AND IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE ALL OTHER DOCU MENTS ARE MADE AVAILABLE UPON REQUEST
FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
FORM 990, PART XII, LINE 3B	AN AUDIT WAS CONDUCTED TO EXAMINE, ON A TEST BASIS, EVIDENCE THAT THE ORGANIZATION COMPLIE D WITH THE OMB CIRCULAR A-133 AND SUCH OTHER PROCEDURES AS WERE CONSIDERED NECESSARY IN TH E CIRCUMSTANCES