Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning JUL~1~ , 2016, and ending JUN~30~ , 20 17~

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

OMB No. 1545-1878

Department of the Treasury Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer identification number Name of exempt organization 36-2167096 HEPHZIBAH CHILDREN'S ASSOCIATION BYRON TAYLOR PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 9,497,843. 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b ___ b Total tax (Form 1120-POL, line 22) ______ 3b _____ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) _____ 5b ____ 5a Form 8868 check here Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize CLIFTONLARSONALLEN LLP to enter my PIN Enter five numbers, but do not enter all zeros as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will entermy PIN on the return's disclosure consent screen. 718 Date > 4/2/18 Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 15480463404 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

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

EXTENDED TO MAY 15, 2018

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Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

JUL 1, 2016 and ending JUN 30, A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change HEPHZIBAH CHILDREN'S ASSOCIATION Name change 36-2167096 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 708-649-7100 946 NORTH BOULEVARD termin-ated 10,107,011. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return OAK PARK, IL 60301 H(a) Is this a group return Applica-F Name and address of principal officer: BYRON TAYLOR Yes X No for subordinates? pending 946 NORTH BOULEVARD, OAK PARK, 60301 H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) If "No," attach a list. (see instructions) J Website: WWW.HEPHZIBAHHOME.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1902 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: HEPHZIBAH IS A CHILD WELFARE Activities & Governance AGENCY PROVIDING GROUP HOME CARE, FOSTER CARE AND DAYCARE SERVICES Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) <u>17</u> Number of independent voting members of the governing body (Part VI, line 1b) 215 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) <u>252</u> 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 7,149,704. 1,642,193. 7,955,318. Contributions and grants (Part VIII, line 1h) Revenue 1,570,571. Program service revenue (Part VIII, line 2g) 4,160. 59,480. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 15,428. -87,526**.** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9.497.843. 8,811,485. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 812,877. 866,393. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 6,304,934. 6,655,271. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,623,811. 1,840,557. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,741,622. 9,362,221. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 69,863. 135,622. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 8,114,524. 8,906,437. 20 Total assets (Part X, line 16) 1,251,556. 934,848. 21 Total liabilities (Part X, line 26) 7,179,676**.** 7,654,881. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BYRON TAYLOR, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed THOMAS G. ANDREWS 03/29/18 P00095596 Paid CLIFTONLARSONALLEN LLP 41-0746749 Preparer Firm's name Firm's EIN ▶ Firm's address 1301 W. 22ND ST, STE 1100 Use Only Phone no. (630) 573-8600 OAK BROOK, IL 60523

X Yes No

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

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO HELP CHILDREN THRIVE AND FAMILIES FLOURISH THROUGH INNOVATIVE,
	COMMUNITY BASED PROGRAMS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2,093,827. including grants of \$744,618.) (Revenue \$)
	FOSTER CARE - HEPHZIBAH OFFERS AN INTENSIVE SPECIALIZED FOSTER CARE
	PROGRAM THAT BUILDS ON A UNIQUE CONCEPT OF TEAM. FOCUS IS ON FINDING
	FOSTER CARE PLACEMENT FOR THE EMOTIONALLY DISTURBED / BEHAVIORALLY
	DISORDERED CHILD. HEPHZIBAH'S TEAMS ARE FLEXIBLE IN THAT THEIR
	COMPOSITION IS DICTATED BY THE NEEDS OF THE CHILD. TEAM MEMBERS ALWAYS
	INCLUDE THE ASSIGNED CASE MANAGER, CASE AIDE, FOSTER FAMILY, AND
	SUPERVISOR. OTHER AGENCY STAFF ARE INCLUDED AS DICTATED BY THE CHILD'S
	NEEDS. TREATMENT PLANS AND DECISIONS ARE MADE BY FORMING CONSENSUS IN A
	TEAMWORK FRAMEWORK. FOSTER PARENTS ARE SPECIALLY TRAINED AND SUPPORTED
	IN ORDER TO PROVIDE A CORRECTIVE EMOTIONAL AND HEALING ENVIRONMENT TO
	CHILDREN WHO HAVE BEEN VICTIMS OF ABUSE AND/OR NEGLECT. HEPHZIBAH
	MAINTAINS APPROXIMATELY 70 FOSTER CHILDREN AT ANY GIVEN TIME WHO ARE
4b	(Code:) (Expenses \$1,732,111. including grants of \$17,433.) (Revenue \$)
	DIAGNOSTIC TREATMENT CENTER - PROVIDED SERVICES TO 34 CHILDREN DURING
	FY17. THE CHILDREN RECEIVED CARING, NURTURING, AND THERAPEUTIC SERVICES
	24 HOURS A DAY FOR 365 DAYS. THE CONTINUOUS OBJECTIVE OF THE PROGRAM IS
	TO PROVIDE A STABLE NURTURING ENVIRONMENT THAT ALLOWS FOR THE CHILDREN
	TO BEGIN AND CONTINUE TO HEAL FROM ALL OF THEIR PAST ABUSE AND TRAUMA.
	DAILY THERAPEUTIC INTERACTIONS WITH THE PROFESSIONAL CHILDCARE STAFF,
	SOCIAL WORKERS, AND THERAPISTS AID IN THE HEALING PROCESS.
	1 220 557 26 000 1 570 571
4c	
	HEPHZIBAH'S SCHOOL-AGE SERVICES ARE AVAILABLE TO FAMILIES WHO CAN
	BENEFIT FROM SUPPLEMENTARY CHILD CARE AWAY FROM THEIR HOMES. HEPHZIBAH
	CURRENTLY PROVIDES SCHOOL-AGE DAY CARE FOR OVER 500 CHILDREN IN A
	FISCAL YEAR. OUR DAY CARE PROGRAM PHILOSOPHY IS TO PROVIDE A SOCIAL,
	RECREATIONAL, AND EDUCATIONAL PROGRAM THAT MEETS THE SCHOOL-AGE CHILD'S
	DEVELOPMENTAL NEEDS IN A WARM, LOVING, GROWING, STIMULATING, AND SAFE
	ATMOSPHERE. THE PROGRAM IS DESIGNED TO PROVIDE CARE, RECREATION, AND
	ENRICHMENT FOR CHILDREN IN AN ENVIRONMENT THAT ALLOWS VARIETY,
	FLEXIBILITY, CONSISTENCY, AND CHOICES. HEPHZIBAH'S DAY CARE PROGRAM WAS
	IN OPERATION FOR 242 DAYS IN FY17. THESE GOALS CAN BE ACCOMPLISED WITH
	THE CONSENT AND PARTICIPATION FROM THE PARENTS, THROUGH SUCCESSFUL
	NETWORKING AND COOPERATION BETWEEN HEPHZIBAH, THE SCHOOLS, AND OTHER
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,175,189 • including grants of \$ 78,333 •) (Revenue \$)
<u>4e</u>	Total program service expenses ► 7,231,684.
	Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u>.</u> _
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 21	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
	complete Schedule G, Part III	19		_ 22

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u></u>		Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	66			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		015			
	filed for the calendar year ending with or within the year covered by this return		215		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		_		37
				3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			x
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)'?	4a		
b	If "Yes," enter the name of the foreign country:		. (50.45)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		Х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the live of the live of the second of the live			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			6-		х
	any contributions that were not tax deductible as charitable contributions?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribu-		-	6h		
7	were not tax deductible? Organizations that may receive deductible contributions under costion 170(s)			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvicae r	rovided to the navor?	7a	Х	
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			75		
·	to file Form 8282?			7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	1		,,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		:†?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱.۵۰				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		X
				14a		<u> </u>
α	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	⊌∪		14b Form	990	(2016)
				ı UIII	JJU	(2010)

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	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			v
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed \(\bigsigma \text{IL}\)	wailah	ulo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.	ıvallaD	n C	
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
13	statements available to the public during the tax year.	midil	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 708-649-7100			
	946 NORTH BOULEVARD, OAK PARK, IL 60301			

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

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

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

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

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

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

(A)	(B)	J. g.		((C)			(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			en sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ployee	comb				and related
	below line)	divid	Institutional trustee	Officer of the order	Key employee	Highest compensated employee	Former			organizations
(1) SARAH ARNETT	1.00	드	드	9	포	포 등	요			
DIRECTOR	1.00	x						0.	0.	0.
(2) JACKIE BARLOW	1.00									
DIRECTOR	0.30	X						0.	0.	0.
(3) TERRY BROWN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) SHERRY CARBERY, M.D.	1.00									
DIRECTOR		Х						0.	0.	0.
(5) FRANCESCA DEBIASE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) CAROL DUNNING	1.00									
DIRECTOR		Х						0.	0.	0.
(7) LISA EMERSON	1.00								_	_
DIRECTOR	1	Х						0.	0.	0.
(8) MARK FISHER	1.00	۱							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) JENNIFER ELLIS-JACKSON	1.00	١,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) AUDREY WILLIAMS-LEE	1.00	X		x					0.	^
VICE PRESIDENT	1.00	Α.		Δ.				0.	0.	0.
(11) KENNA MACKINNON TREASURER	1.00	x		x				0.	0.	0.
(12) JOHN MCCONVILLE, M.D.	1.00	^		^				0.	0.	<u></u>
DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN IDE	1.00	125						0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(14) BETH PECENKA	1.00	 								
DIRECTOR		x						0.	0.	0.
(15) ERIC SORENSEN	1.00									
DIRECTOR	0.30	Х						0.	0.	0.
(16) BYRON TAYLOR	1.00									_
PRESIDENT ELECT		Х		Х				0.	0.	0.
(17) CHERYL TER HORST	1.00									
DIRECTOR		Х						0.	0.	0.
632007 11-11-16									-	Form 990 (2016)

632007 11-11-16

	DAU CUITU								30-2107	090	P	age c
Part VII Section A. Officers, Directors,	, Trustees, Key Em	ploy	ees			ighe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable	Es	stimate	∍d
	hours per	box	, unle	ess pe	erson	is bot	th an	compensation	compensation		nount	of
	week	-	Lei ai	luau	III ecit	Jirus	T	from	from related	I	other	
	(list any hours for	recto						the	organizations		pensa	
	related	or d	8			sated		organization	(W-2/1099-MISC)	1	rom th	
	organizations	nstee	trust		e e	npen		(W-2/1099-MISC)		_	ıanizat d relat	
	below	lualtr	tional	١.	yoldı	yee	_				anizati	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			5.95		
(18) TOM YATES	1.00	┢	_	Ĭ	Ť	1	 					
PRESIDENT	0.30	X		Х				0.	0.			0.
(19) DAVID NEWBECKER	1.00											
DIRECTOR		Х						0.	0.			0.
(20) DONNA ROLF	1.00							_	_			_
DIRECTOR		Х						0.	0.			0.
(21) MARY ANNE BROWN	40.00			l				10-01-				
EXECUTIVE DIRECTOR	40.00	<u> </u>		Х				187,316.	0.	2	1,0	34.
(22) MARY K. TORTORICI	40.00	4						124 025		_		-
DIRECTOR OF FINANCE	40.00	—		Х	<u> </u>	<u> </u>		134,235.	0.	┷	0,2	12.
(23) SHAUN LANE	40.00	-				١,,		122 407	0.	4	<i>-</i> 0	0.2
CHIEF OPERATING OFFICER	40.00	_				Х		133,497.	0.	┷	6,9	93.
(24) JULIE DVORSKY	40.00	-				X		105,673.	0.	1	4,9	۵٥
DIRECTOR OF FAMILY BASED S		├			\vdash	^		103,073.	0.	 	4,5	90.
		1										
di Ori tatal							L	560,721.	0.	6	3,2	<u> </u>
1b Sub-total								0.	0.		J, Z	0).
c Total from continuation sheets to P								560,721.	0.	1	3,2	
d Total (add lines 1b and 1c)							ho re		<u> </u>		<u> </u>	0 .
compensation from the organization	_	1036	iiot	ou a	DOV	C) WI	11016	ecewed more than \$100	,,000 of reportable			4
compensation from the organization											Yes	No
3 Did the organization list any former or	fficer, director, or tr	uste	e, ke	ey er	mplo	oyee	, or l	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule										3		Х
4 For any individual listed on line 1a, is	the sum of reportab											
and related organizations greater than	•							•	•	4	Х	
5 Did any person listed on line 1a receiv												
rendered to the organization? If "Yes,	" complete Schedu	e J f	or s	uch	pers	son			<u>.</u>	5		Х
Section B. Independent Contractors												
Complete this table for your five higher	est compensated in	den	ande	ent c	onti	racto	are t	hat received more than	\$100,000 of compens	ation f	from	

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Hepotit dempendation for the daterial year original with a with	i	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
OAK DESIGN & CONSTRUCTION	CONSTRUCTION FOR	
324 LAKE STREET, OAK PARK, IL 60302	GROUP HOMES	125,666.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

Form **990** (2016)

\$100,000 of compensation from the organization

Pa	rt v	Ш	Check if Schedule O conta		or note to any li	ne in this Part VIII			
			Gricon ii Goriedale o corne	and a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ons) 1e 6 , s, and e 1f 1 , 1a-1f: \$		7,955,318.			
ė	2	а	DAY CARE		Business Code 624410	1,570,571.	1,570,571.		
Program Service Revenue		b c d e							
ш.			All other program service rever Total. Add lines 2a-2f			1,570,571.			
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, intere	est, and	61,075.			61,075.
	6	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		d	Net rental income or (loss)		>				
	7	а	Gross amount from sales of	(i) Securities 421,079.	(ii) Other	-			
		С	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	422,674. -1,595.		-1,595.			-1,595.
Other Revenue		а	Gross income from fundraising including \$ 397,1 contributions reported on line Part IV, line 18 Less: direct expenses	9 events (not 51 • of 1c). See a	98,869. 186,494.				
U	l		Net income or (loss) from fund	· ·	>	-87,625.			-87,625.
		b	Part IV, line 19 Less: direct expenses	a					
	10	a b	Net income or (loss) from gami Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales	returns a					
			Miscellaneous Revenue		Business Code				
		b	MISCELLANEOUS		900099	99.			99.
		q	All other revenue		900099				
			Total. Add lines 11a-11d		>	99.			
	12		Total revenue. See instructions.			9,497,843.	1,570,571.	0.	-28,046.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colu	лтп (A).
---	----------

	Check if Schedule O contains a responsing include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	866,393.	866,393.		
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	619,355.		619,355.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			025,000	
7	Other salaries and wages	4,866,030.	4,005,978.	637,928.	222,124
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	236,596.	191,065.	40,157.	5,374
9	Other employee benefits	454,912.	377,114.	58,305.	5,37 <u>4</u> 19,493
10	Payroll taxes	478,378.	371,573.	87,281.	19,524
11	Fees for services (non-employees):	-	-		-
а		128,239.	22,945.	69,795.	35,499
b		45,244.	-	37,791.	7,453
	Accounting	33,850.	29,361.	3,399.	1,090
	Lobbying	·			<u> </u>
е	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g					
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	323,815.	298,194.	3,000.	22,621
12	Advertising and promotion	-	-		-
13	Office expenses	479,575.	428,384.	24,387.	26,804
14	Information technology	67,166.	35,737.	6,803.	24,626
15	Royalties	-	-		-
16	Occupancy	334,354.	254,829.	55,871.	23,654
17	Travel	114,813.	110,886.	3,332.	595
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	53,118.	43,717.	5,701.	3,700
20	Interest	1,642.	1,321.	236.	85
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	171,831.	147,191.	12,044.	12,596
23	Insurance	33,262.	11,772.	21,134.	356
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 0.)				
а	MISCELLANEOUS	36,612.	18,818.	11,530.	6,264
b	MEMBERSHIP DUES	17,036.	16,406.	630.	0
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,362,221.	7,231,684.	1,698,679.	431,858
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)				

Part X Balance Sheet

Pal	πX	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			982,956.	1	1,377,227.
	2	Savings and temporary cash investments			625,357.	2	493,664.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			576,710.	4	545,359.
	5	Loans and other receivables from current and fo	rmer o	fficers, directors,			
		trustees, key employees, and highest compensa	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			136,819.	9	147,066.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,523,364.			
	b	Less: accumulated depreciation	10b	3,138,517.	1,298,006.	10c	1,384,847.
	11	Investments - publicly traded securities			2,230,784.	11	2,531,134.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			0.000	14	0 105 110
	15	Other assets. See Part IV, line 11		<u> </u>	2,263,892.	15	2,427,140.
	16	Total assets. Add lines 1 through 15 (must equa			8,114,524.	16	8,906,437.
	17	Accounts payable and accrued expenses		898,220.	17	1,221,889.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee		· · ·			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines			36 620		20 667
		Schedule D			36,628. 934,848.	25	29,667. 1,251,556.
	26	Total liabilities. Add lines 17 through 25			334,040.	26	1,231,330.
,		Organizations that follow SFAS 117 (ASC 958		ck nere 🚩 🕰 and			
ces		complete lines 27 through 29, and lines 33 an			4,634,899.	07	4,935,931.
Net Assets or Fund Balances	27	Unrestricted net assets			2,544,777.	27	2,718,950.
Ba	28	Temporarily restricted net assets			2,344,111.	28	2,710,930.
Ρ̈́	29	•		2) abaak bara N		29	
ř		Organizations that do not follow SFAS 117 (A	3C 938	oj, check here			
S	20	and complete lines 30 through 34.				20	
set	30	Capital stock or trust principal, or current funds				30	
t As	31	Paid-in or capital surplus, or land, building, or eq		_		31	
Ne.	32	Retained earnings, endowment, accumulated in		—	7,179,676.	32 33	7,654,881.
	33	Total liabilities and not assets fund belonges		II.	8,114,524.		8,906,437.
	34	Total liabilities and net assets/fund balances			0,114,324.	34	0,500,457.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	,36	2,2	21.
3	Revenue less expenses. Subtract line 2 from line 1	3			5,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	,17		
5	Net unrealized gains (losses) on investments	5		17	6,3	33.
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		16	3,2	50.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	7	,65	4,8	81.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HEPHZIBAH CHILDREN'S ASSOCIATION 36-2167096 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	8,106,719.	7,062,897.	6,778,518.	7,149,704.	7,955,318.	37,053,156.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	8,106,719.	7,062,897.	6,778,518.	7,149,704.	7,955,318.	37,053,156.			
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.						37,053,156.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
7	Amounts from line 4	8,106,719.	7,062,897.	6,778,518.	7,149,704.	7,955,318.	37,053,156.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	37,829.	32,432.	49,870.	47,964.	61,075.	229,170.			
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.)				91.	99.	190.			
11	Total support. Add lines 7 through 10						37,282,516.			
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 7	,172,796.			
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)				
organization, check this box and stop here										
Section C. Computation of Public Support Percentage										
	Public support percentage for 2016 (14	99.38 %			
	Public support percentage from 2015					15	99.41 %			
16a	16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
stop here. The organization qualifies as a publicly supported organization										
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box										
4-	and stop here. The organization qualifies as a publicly supported organization									
1/a	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
,	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \rightarrow L b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
b										
	more, and if the organization meets the									
40	organization meets the "facts-and-circ			•	,					
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

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

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

Se	ction A. Public Support	, 1	,					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
ŀ	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
(Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6					, ,		
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
ŀ	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital							
13	assets (Explain in Part VI.)							
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi:	zation.	
		-			•			
Se	ction C. Computation of Publ							
	Public support percentage for 2016 (column (f))		15	%	
	Public support percentage from 2015					16	%	
	ction D. Computation of Inves						,,	
	Investment income percentage for 20					17	%	
						18	//	
	INVESTMENT INCOME PERCENTAGE FROM 2015 Schedule A, Part III, line 17							
	more than 33 1/3%, check this box a							
ŀ	33 1/3% support tests - 2015. If the							
•	line 18 is not more than 33 1/3%, che							
20	Private foundation If the organization							

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3b		
	3с		
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Veal No Part Part No Part Part No Part Part No Part P	Pai	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body or a supported organization? b A Amily member of a person described in (i) above? c A 35% controlled entity of a person described in (i) or (b) above?! Yes' to a, b, or c, provide detail in Part Vi. 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, 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 "I'V" describe in Part V In own the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization derives the supported organization, describe how the powers to appoint and/or remove directors or trustees are all times during the tax year. 1 Did the directors, trustees, or membership of one or more supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization's directors or subsets were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees during the tax year. 1 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part V In organization operated, supporting organization. Section C. Type II Supporting Organizations 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 supporting organization was vested in the same persons that controlled or managed the supported organization's provided to act of the supported organization's provided organization's provided to act of the supported organization's provided organization's provided to act of the supported organization's provided organization's provided organization's provided organization's provided organization's provided organization's provid		, c c (senimos)		Yes	No
below, the governing body of a supported organization? b A family member of a person described in (a) bove? c. A 55% controlled entity of a person described in (a) bove? c. A 55% controlled entity of a person described in (a) by (b) above? lib Section B. Type I Supporting Organizations 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 of directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization person or the breast of any supported organization of the than the supported organization shall be supported organization (s) that operated, supervised, or controlled the supporting organization in the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization and produced organization(s) that operated, supervised, or controlled the supporting organization and produced organization(s) that operated, supervised, or controlled the 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) if "No," describe in Part VI how control or management of the supported organization and the same persons that controlled or managed the supported organization provide to each of its supported organization, by the last day of the fifth month of the organization is tax year, (i) a coty of the Form 90 by that vam most receiving the supported organizatio	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? A 33% controlled entity of a person described in (a) to (b) above?If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, hustess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "It's," describe in Part VI how the supported organizations derectors or trustees at all times during the tax year? If "It's," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove dectors or trustees are all times during the tax year. 2 Did the organization operated for the benefit of any appointed organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, and apported organization other than the supported organization of the supported organization other than the supported organization of the supported organization other than the supported organization of the supported organization or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization or the supported organization or the supported organization or the supported organization organization organization organization organization organization	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
c. A SPM controlled entity of a person desconed in (a) or (b) above? If "Ves" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 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 sidectors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizations and what conditions or restrictions, if early appoint or elect at least a majority of the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization send what conditions or restrictions, if enty, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization than the supported organization (s) that operated, supervised, or controlled the supporting organization (s) "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. Section C. Type II Supporting Organizations 1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organization directors or trustees of each of the organization of the supported organization or management of the supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year, (i) a verification of the supported organization or the supported organization or the explainment of the organization or the supported organization or the supported organization or the governing body of a supported organization, and (ii) copies of the organization or provided organization or the powering body of a supported organization		below, the governing body of a supported organization?	11a		
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 organizations directors or trustees at all times during the tax year? If "No," describe in Part II how the supported organizations directors or trustees are all times during the tax year and the organization as activities. If the organization is described properties of year and the organization and 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. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization. 3 Part II how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 1 Were a majority of the organization's supported organization(s) If "No," describe in Part IV how control or management of the supporting organization as vested in the same persons that controlled or managed the supported organization(s). 2 Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization or support provided during the prior tax year, (i) a copy of the Form 990 that was most resently field as of the date of notification, and (iii) copies of the organization manifolde or does and continuous working relationship with the supported organizations). 3 By reason of the relationship described in (2), did the organization? If "No," explain in Part VI how the organization is misterated believe and in discribing the use of the organizations is supported organizations is supported organizations. 3 Different t	b	A family member of a person described in (a) above?	11b		
Did the directors, trustees, or mambership 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 directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's activities and organization's activities and in organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization than the supported organization is part VI now providing such benefit carried out the purposes of the supported organizations (s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 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 directors or trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees therefore the supported organization or management of the supported organization's II "No," describe in Part VI how control or management of the supported organization's in Part VI how control or management of the supported organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year. (ii) a copy of the Form 990 bill at was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's prior organiza	С	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		
1 Did the directors, tutsless, 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 eliocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization of the than the supported organization(s) that operated, supervised, or controlled the supporting organization of the supported organization (s) that operated, supervised, or controlled the supported organizations). 2 Section C. Type II Supporting Organizations 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 set set of the supported organization's or trustees of agent of the supporting organization is set of the supported organization's accompanies of the supported organization's played in the regard. 3 By reason of the relationship described in (2), did the organization'	Sec	tion B. Type I Supporting Organizations			
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 organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization of the trust in the supported organization of the trust in the supported organization of the trust in the supported organization of the supported organization of the supported organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations. Section C. Type II Supporting Organizations 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 tax or trustees of each of the organization's supported organization's tax or trustees of each of the organization's supported organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not provided upon the provinging organization or the date of notification, to the extent not provided provided? 2 Were any of the organization was described in Part V the role the organization's supported organization's provided? 3 By reason of the relationship described in (ii), did the organization's supported organization's under the organization's incomment of the supported organization's indication, the value of the organizatio				Yes	No
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	h		od		
	D		3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type in Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2015 AMOUNT: \$ 91.
2016 AMOUNT: \$ 99.
·

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

HEPHZIBAH CHILDREN'S ASSOCIATION

36-2167096

Organization type (check one):						
Filers of:		Section:				
Form 990 or	990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PF	:	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rul	е					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rule	es					
sec any	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
yea	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
yea is c pur	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

HEPHZIBAH CHILDREN'S ASSOCIATION

36-2167096

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES 100 W. RANDOLPH ST. #14-300 CHICAGO, IL 60601	\$_5,778,465.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Anonymous-Single Donor	\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHILDREN'S HOME AND AID SOCIETY 125 S. WACKER DR., 14TH FLOOR CHICAGO, IL 60606	\$363,887.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Anonymous-Single Donor	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

HEPHZIBAH CHILDREN'S ASSOCIATION

36-2167096

Part II	Noncash Property (See instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Employer identification number

Name of organization

HEPHZIBAH CHILDREN'S ASSOCIATION 36-2167096 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HEPHZIBAH CHILDREN'S ASSOCIATION

Employer identification number 36-2167096

Schedule D (Form 990) 2016

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grants From (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisors or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or for or any other purpose conferring impermissible purposes and not for the benefit of the donor or for any other purpose conferring impermissible private benefit? Perservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Proservation of and for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2df the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements benefits of the Tax Year 2 d b Total acreage restricted by conservation easements 2 b 1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > 2 d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year > 3 Dose seach conservation easements modified, preservat	Par	t I Organizations Maintaining Donor Advise			ds or Accou	Inte Complete if the
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Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts	a					
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5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts		· · ·				
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts. 						
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and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts treasures.		> \$				
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include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts are provided to the following amounts are pr		and section 170(h)(4)(B)(ii)?				Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts assets held for public exhibition.	9	In Part XIII, describe how the organization reports conservati	ion easements in	its revenue and expen	se statement, a	and balance sheet, and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts		include, if applicable, the text of the footnote to the organization	tion's financial st	atements that describe	s the organizat	tion's accounting for
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts						
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b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts		historical treasures, or other similar assets held for public ext	hibition, educatio	n, or research in furthe	rance of public	service, provide, in Part XIII,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts		the text of the footnote to its financial statements that descri	ibes these items.			
· · · · · · · · · · · · · · · · · · ·	b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report	in its revenue stateme	nt and balance	sheet works of art, historical
		treasures, or other similar assets held for public exhibition, ea	ducation, or resea	arch in furtherance of p	ublic service, p	provide the following amounts
relating to these items:		relating to these items:				
(i) Revenue included on Form 990, Part VIII, line 1		-				\$
(ii) Assets included in Form 990, Part X					_	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	2					
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•	-			5 , [
a Revenue included on Form 990, Part VIII, line 1	а			-	•	\$
b Assets included in Form 990, Part X						

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

	t III Organizations Maintaining C	Collections of A				or Othe	er Simila		ts/contin		ige Z
	Using the organization's acquisition, access										
Ū	(check all that apply):	ion, and other record	, crico	it arry or tric	, lollowing the	it alc a s	igriiioarit u	30 01 113	COIICCLIO	TICITI	,
а	Public exhibition	d		Loop or ove	change progra	omo					
					mange progra	allis					
b	Scholarly research	е		Other							
c	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit of								٦.,		1
Da	to be sold to raise funds rather than to be m								<u></u> Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organization	on answered	"Yes" on	Form 990,	Part IV,	line 9, or		
	Is the organization an agent, trustee, custod		diary for	contributio	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, .	•	Ü						Amoun	:	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII	·	•								
Par											
		(a) Current year		rior year	(c) Two year			ars back	(e) Four	vears l	back
1a	Beginning of year balance		(2):	nor your	(0)		(u)	aro suon	(6) : 54:	j ca. c .	-
	Contributions				1						
	Net investment earnings, gains, and losses										
						+					
	Grants or scholarships				1						
е	Other expenditures for facilities										
	and programs				+						
	Administrative expenses										
_	End of year balance		<u> </u>		<u> </u>						
2	Provide the estimated percentage of the cur	rent year end baland	-	g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	he organiza	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	?				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a.	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumulated	d	(d) Boo	k value)
		basis (investr	ment)		(other)	dep	oreciation				
1a	Land				50,000.					0,00	
	Buildings				6,125.	1,5	587,80		1,06		
	Leasehold improvements				.0,396.		6,62			3,75	
	Equipment			1,61	3,675.	1,3	365,72	10.	24	7,95	55.
	Other			18	33,168.	1	L78,36	9.		4,79	
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)			•	1,38	4,84	17.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 HEPHZIBAH CH	HILDREN'S ASS	SOCIATION	36-2167096 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line	15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN REMAINDER TRUST	237,951.
(2) BENEFICIAL INTEREST IN HEPHZIBAH CHILDREN'S TRUST	2,186,009.
(3) OTHER ASSETS	3,180.
(4)	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,427,140.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	OBLIGATIONS UNDER CAPITAL LEASE	29,667.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	29,667.	

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

Schedule D (Form 990) 2016

Schedule D (Forr	n 990) 2016 HEPHZIBAH	CHILDREN'S	ASSOCIATION	36-21	167096	Page 4
Part XI Re	conciliation of Revenue per	Audited Financia	l Statements With Revenu	e per Return.		
Cor	nplete if the organization answered "	Yes" on Form 990, Part	IV, line 12a.			
1 Total rever	ue gains and other support per auc	ited financial statemen	ts	1	9,837,	426

1	Total revenue, gains, and other support per audited financial statements			1	9,837,426.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	176,333.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d	163,250.		
е	Add lines 2a through 2d			2e	339,583.
3	Subtract line 2e from line 1			3	9,497,843.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,497,843.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,362,221.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	9,362,221.
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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,362,221.
D	4 VIII O			

| 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.

PART X, LINE 2:

THE ASSOCIATION IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ASSOCIATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THERE WERE NO TAXES OWED FOR THE YEAR ENDED JUNE 30, 2017.

THE ASSOCIATION FILES FORMS 990 IN THE U.S. FEDERAL JURISDICTION AND ONE STATE. THERE ARE NO UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30TH, 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HEPHZIBAH CHILDREN'S ASSOCIATION

Employer identification number 36-2167096

Schedule G (Form 990 or 990-EZ) 2016

Part I re	undraising Activities quired to complete this par	Complete if the organization answett.	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
a Ma b Inte c Phe d In-p 2 a Did the o key empl b If "Yes,"	il solicitations ernet and email solicitations one solicitations person solicitations rganization have a written o oyees listed in Form 990, P	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (inclu- irofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
	nd address of individual ntity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
							_
3 List all sta or licensin		n is registered or licensed to solicit (contrik	outions	s or has been notified	d it is exempt from re	egistration
			•				

632081 09-12-16

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

Part II Fundraising Events. 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

		of fundraising event contributions and gr	oss income on Form 990		<u> </u>	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF		4.4	(add col. (a) through
				GALA	11	col. (c))
e			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	53,038.	376,721.	66,261.	496,020.
	2	Less: Contributions	41,567.	289,323.	66,261.	397,151.
	3	Gross income (line 1 minus line 2)	11,471.	87,398.		98,869.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs		8,500.		8,500.
irect E)	7	Food and beverages	11,471.	72,899.		84,370.
	8	Entertainment		6,000.		6,000.
	9	Other direct expenses	0 00		32,691.	87,624.
	10	Direct expense summary. Add lines 4 throug			>	186,494.
_	11	Net income summary. Subtract line 10 from l				-87,625.
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						() 3 ()
ď	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1. column (d)		•	
		, , , , , , , , , , , , , , , , , , ,	, , ,		,	
		ter the state(s) in which the organization cond				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses r				Yes No
b	If "	Yes," explain:				

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990 EZ) 2016 HEPHZIBAH CHILDREN'S ASSOCIATION 36-	216/096 F	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes L	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:		
	120	0/
a The organization's facility		<u>%</u>
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party >\$		
c If "Yes," enter name and address of the third party:		
on res, enter hame and address of the time party.		
Name ▶		
Address ▶		
16 Gaming manager information:		
Name		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	Yes	□No
retain the state gaming license?	163 -	140
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	, lines 9, 9b, 10b,	15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule G	(Form 990 or 990-EZ)	HEPHZIBAH	CHILDREN'S ASSOCIATION	36-2167096 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

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

2016

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 36-2167096 HEPHZIBAH CHILDREN'S ASSOCIATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

3

Part III 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) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOSTER CARE / RESPITE CARE / PARENT TRAINING	100	697,438.	0.		
PROGRAM ACTIVITY FEES - INCLUDES FIELD TRIPS,					
CAMPS, WORKSHOPS, TALENT SHOWS, MENTORING					
ACTIVITIES, HOLIDAY PARTIES, ETC. ALL OF OUR					
CLIENTS PARTICIPATE IN AT LEAST ONE OF THESE	801	118,759.	0.		
CHILDREN ALLOWANCE AS PART OF THE PER DIEM					
RECEIVED UNDER OUR GOVERNMENT CONTRACT (\$5 PER					
WEEK, PER CHILD IN OUR GROUP HOME)	43	6,410.	0.		
CLOTHING FOR GROUP HOME CHILDREN	43	7,358.	0.		
PROVIDING RENT, UTILITIES, CLOTHING, FOOD,		•			
EDUCATIONAL EXPENSES, ETC FOR CLIENTS. THIS					
SPECIFIC ASSISTANCE TO CLIENTS MEETS A NEED THAT					
THEY CANNOT. THE MAJORITY OF HEPHZIBAH'S CLIENTS	230	36,428.	0.		

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

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: PROGRAM ACTIVITY FEES - INCLUDES FIELD

TRIPS, CAMPS, WORKSHOPS, TALENT SHOWS, MENTORING ACTIVITIES, HOLIDAY

PARTIES, ETC. ALL OF OUR CLIENTS PARTICIPATE IN AT LEAST ONE OF THESE

ACTIVITIES

(A) TYPE OF GRANT OR ASSISTANCE: PROVIDING RENT, UTILITIES, CLOTHING,

FOOD, EDUCATIONAL EXPENSES, ETC FOR CLIENTS. THIS SPECIFIC ASSISTANCE TO

CLIENTS MEETS A NEED THAT THEY CANNOT. THE MAJORITY OF HEPHZIBAH'S

632291 04-01-16

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

HEPHZIBAH CHILDREN'S ASSOCIATION

Employer identification number 36-2167096

	·		Yes	No
1 a	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 indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on 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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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 nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued 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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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 aren't 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 (i) Base compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation (ii) MARY ANNE BROWN (ii) 187,316. 0. 0. EXECUTIVE DIRECTOR (ii) 0. 0. 0. (iii) 0. 0. 0. 0. 0. (iii) 0. 0. 0. 0. 0. (iii) 0.	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)			
(A) Name and Title	(i) Base compensation	incentive	reportable	compensation	Denents	(B)(I)-(U)	reported as deferred on prior Form 990
(1) MARY ANNE BROWN	187,316.	0.	0.	14,322.	6,712.	208,350.	0.
	0.			0.	0.	0.	0.
(2) SHAUN LANE (i)	133,497.			9,970.	7,023.	150,490.	0.
	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(ii)							

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.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HEPHZIBAH CHILDREN'S ASSOCIATION

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 36-2167096

Schedule O (Form 990 or 990-EZ) (2016)

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PLACED THROUGHOUT THE COOK COUNTY AREA AS WELL AS IN DUPAGE COUNTY. HEPHZIBAH SERVED A TOTAL OF 100 CHILDREN IN FY17. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY SERVICE PROVIDERS, AND BY PROVIDING ACCESS TO SCHOOL AND COMMUNITY SPONSORED ACTIVITIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: FAMILY SERVICES EXPENSES \$ 353,599. INCLUDING GRANTS OF \$ 14,967. REVENUE \$ 0. RESIDENCE EXPENSES \$ 1,215,187. INCLUDING GRANTS OF \$ 17,110. REVENUE \$ 0. COMMUNITY SUPPORT **EXPENSES \$ 6,535.** INCLUDING GRANTS OF \$ 2,224. REVENUE \$ 0. HEAD START EXPENSES \$ 447,307. INCLUDING GRANTS OF \$ 994. REVENUE \$ 0. OTHER PROGRAMS IN SUPPORT OF CHILDREN AND FAMILIES. EXPENSES \$ 152,561. INCLUDING GRANTS OF \$ 43,038. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD AND THE

632211 08-25-16

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

Name of the organization HEPHZIBAH CHILDREN'S ASSOCIATION

Employer identification number 36-2167096

FINANCE DIRECTOR OF THE ORGANIZATION, THE MEMBERS OF THE AUDIT COMMITTEE

INCLUDE A MINIMUM OF THREE BOARD MEMBERS OTHER THAN THOSE OF THE FINANCE

COMMITTEE. THE REVIEW WILL BE DONE PRIOR TO THE FILING OF THE RETURN WITH

THE IRS. THE REVIEW IS A THOROUGH REVIEW OF EACH PAGE OF THE RETURN

INCLUDING SUPPORTING SCHEDULES BY THE FINANCE DIRECTOR. AUDIT COMMITTEE

MEMBERS WILL HAVE THE OPPORTUNITY TO REVIEW AND RECEIVE ANSWERS TO ANY

QUESTIONS THEY HAVE PRIOR TO FILING WITH THE IRS. THE FULL BOARD OF THE

ASSOCIATION RECEIVES COPIES OF THE RETURN PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY MEMBER OF THE BOARD OF DIRECTORS OR KEY EMPLOYEE WHO MAY BE INVOLVED IN AN AGENCY BUSINESS TRANSACTION IN WHICH THERE MAY BE A POSSIBLE CONFLICT OF INTEREST SHALL IMMEDIATELY NOTIFY THE PRESIDENT OF THE BOARD (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN THE VICE PRESIDENT OF THE BOARD). EACH BOARD MEMBER SHALL REVIEW THIS POLICY AND SIGN A COPY AT THE BEGINNING OF THEIR TENURE AND THEN ANNUALLY AT THE SEPTEMBER BOARD MEETING. THE PRESIDENT SHALL PROVIDE THE BOARD WITH A REPORT OF ANY CONFLICTS OF INTEREST WITHIN 10 DAYS OF DISCOVERY. THE PRESIDENT OR VICE PRESIDENT OF THE BOARD OF DIRECTORS SHALL DISCLOSE THE POTENTIAL CONFLICT OF INTEREST TO THE OTHER MEMBERS OF THE BOARD AND SUCH DISCLOSURE SHALL BE RECORDED IN THE BOARD MINUTES OF THE MEETING AT WHICH DISCLOSURE IS MADE. TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED - THE CONFLICTING INTEREST IS FULLY DISCLOSED, - THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DECISION AND THE APPROVAL OF SUCH TRANSACTION, - A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND -THE BOARD HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

Name of the organization **Employer identification number** HEPHZIBAH CHILDREN'S ASSOCIATION 36-2167096 FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS SHALL DETERMINE THE SALARY AND TOTAL COMPENSATION PROVIDED TO THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS AND, IN DOING SO, SHALL CONSIDER THE RECOMMENDATION OF THE EVALUATION COMMITTEE AND FINANCE COMMITTEE, DESIGNATED TO ACT AS THE COMPENSATION COMMITTEE/ TOTAL COMPENSATION INCLUDES BASE SALARY AND BENEFITS. THE COMPENSATION COMMITTEE AND THE BOARD SHALL CONSIDER THE FOLLOWING IN DETERIMING EXECUTIVE DIRECTOR COMPENSATION - COMPARABILITY OF COMPENSATION RECEIVED BY EXECUTIVE DIRECTORS OF SIMILAR NON-PROFIT AGENCIES, REVIEWED EVERY TWO YEARS, PERFORMANCE GOALS FOR THE EXECUTIVE DIRECTOR SET BY THE BOARD OVERALL AND FOR ANY PARTICULAR YEAR, - COST-OF-LIVING AND ANY OTHER ACROSS THE BOARD INCREASES GIVEN TO AGENCY STAFF, - THE CAPACITY OF THE AGENCY BUDGET AND EXPECTED REVENUES TO SUPPORT A PARTICULAR COMPENSATION LEVEL. THE COMPENSATION COMMITTEE SHALL PROVIDE ITS RECOMMENDATION OF EXECUTIVE DIRECTOR COMPENSATION TO THE TREASURER IN SUFFICIENT TIME FOR IT TO BE INCLUDED IN THE DEVELOPMENT OF THE ANNUAL BUDGET. IT SHALL ALSO PROVIDE ITS RECOMMENDATION TO THE BOARD PRIOR TO THE MEETING AT WHICH THE ANNUAL BUDGET FOR THE FISCAL YEAR IS APPROVED PRIOR TO OR DURING THE MEETING AT WHICH THE BUDGET FOR THE FISCAL YEAR IS APPROVED, THE BOARD SHALL MAKE ITS FINAL DETERMINATION OF THE TOTAL COMPENSATION OF THE EXECUTIVE DIRECTOR FOR THAT PARTICULAR FISCAL YEAR BASED ON ALL THE CONSIDERATIONS DESCRIBED IN THIS POLICY. THE EXECUTIVE DIRECTOR SHALL DETERMINE THE SALARY PROVIDED TO THE FINANCE DIRECTOR CONSIDERING THE FOLLOWING - COMPARABILITY OF COMPENSATION RECEIVED BY FINANCE DIRECTORS OF SIMILAR NON-PROFIT AGENCIES, - PERFORMANCE GOALS FOR THE FINANCE DIRECTOR, - COST-OF-LIVING AND ANY OTHER ACROSS THE BOARD INCREASES GIVEN TO AGENCY STAFF, - CAPACITY OF THE AGENCY BUDGET AND EXPECTED REVENUES TO SUPPORT A PARTICULAR COMPENSATION LEVEL. BOARD APPROVAL IS REQUIRED FOR ANY INCREASE IN EXCESS OF 15%

Name of the organization HEPHZIBAH CHILDREN'S ASSOCIATION	Employer identification number 36-2167096
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON
REQUEST, BY MAIL OR EMAIL, OR FOR INSPECTION AT AN OFFICE	OF THE
ORGANIZATION. THE DISCLOSURE PERIOD FOR THE DOCUMENTS IS	THE SAME GIVEN BY
SECTION 6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	9,597.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN HEPHZIBAH	
CHILDREN'S TRUST	153,653.
TOTAL TO FORM 990, PART XI, LINE 9	163,250.
FORM 990, PART XII, LINE 2C:	CUM OF MUE
THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSI	
THE PREVIOUS YEAR.	CHANGED FROM
THE PREVIOUS TEAR.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Name, address, and EIN (if applicable)

Department of the Treasury Internal Revenue Service

HEPHZIBAH CHILDREN'S ASSOCIATION

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

(b)

Primary activity

Employer identification number 36-2167096

(f)

Direct controlling

of disregarded entity		foreign country)			er	ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34 b	pecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
		isroigh coanay,		501(c)(3))	,	Yes	No
HEPHZIBAH CHILDREN'S TRUST - 36-3537502 946 NORTH BOULEVARD	PROVIDE FUNDS TO HEPHZIBAH CHILDREN'S ASSOCIATION		E01/GV/2V	100 T			X
OAK PARK, IL 60301	CHILDREN S ASSOCIATION	ILLINOIS	501(C)(3)	LINE 12A, I	N/A		

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	b)(13) rolled ity?
		country)						Yes	No
									<u> </u>

Page 3

Yes No

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		_X_
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		<u>X</u>
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organizations				11		X
	Performance of services or membership or fundraising solicitations by related organizations				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1 p		<u>X</u>
q	Reimbursement paid by related organization(s) for expenses				1q	X	
	Other transfer of cash or property to related organization(s)				1r		<u>X</u>
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who r	must complete the	nis line, including covered rela	tionships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	rolved		
(1)							
(2)							
(3)							
-							
(4)							
(5)							
(6)							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	(е)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501(c) orgs	all s sec.)(3) .?	Share of total income	Share of end-of-year assets	Disp tio alloca	ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	eral or Faging ner?	Percenta ownersh
		Country)	Sections 512-514)	Yes	No	liliconie	a33613	Yes	No	(F01111 1000)	Yes	ИО	
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