		l
Form	990-EZ	

Short Form

OMB No. 1545-1150

2015

Return of Organization Exempt From Income Tax

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

			Do not enter social security	numbers on this	form as it may	y be made pu	blic.		Open to Public
Inter	rnal Rever	of the Treasury nue Service	► Information about Form 990-	-EZ and its instru	ctions is at ww	vw.irs.gov/for	m990.		Inspection
A	For the	2015 calenda	r year, or tax year beginning	01/01	, 2015,	and ending		12/31	, 20 15
B	Check if ap	oplicable:	C Name of organization				D Emplo	oyer id	entification number
	Address c	-	WAITING CHILD FUND						0-2727509
	Name cha	-	Number and street (or P.O. box, if mail is not o	delivered to street ad	dress)	Room/suite	E Telep	hone n	umber
	Initial retur Final retur	rn n/terminated	3615 Superior Ave 3103J						6-692-1161
	Amended		City or town, state or province, country, and Z	IP or foreign postal o	ode		F Grou	•	•
	Applicatio	on pending	Cleveland, OH, 44114				Num	ber	>
		ting Method:	Cash 🖌 Accrual Other (specify	y) 🕨		Н			f the organization is not
	Vebsite		waitingchildfund.org				•		ach Schedule B
			ck only one) – 🗹 501(c)(3) 🗌 501(c) () < (insert no.)		r527	(Form 99	90, 990	D-EZ, or 990-PF).
			Corporation Trust		U Other				
			7b to line 9 to determine gross receipts. I					. .	
) are \$500,000 or more, file Form 990 ins					\$	156,276
Ρ	art I		e, Expenses, and Changes in N			•			,
			the organization used Schedule O				· · ·		
	1		ns, gifts, grants, and similar amounts				•••	1	119,569
	2	•	ervice revenue including government				· ·	2	19,456
	3		p dues and assessments				· ·	3 4	0
	4	Investment			 			4	61
	5a		unt from sale of assets other than inv	•			0		
	b		or other basis and sales expenses . s) from sale of assets other than inve				0	5c	
	с 6	•	d fundraising events	entory (Subtract		ine 5a)	· ·	50	0
Ð	a	Gross inco	ome from gaming (attach Schedu		1	I			
Revenue	h				· · 6a	foontribution	0		
eve	b		me from fundraising events (not inclu aising events reported on line 1) (att			f contributior	is		
£			h gross income and contributions ex			I	15 545		
			t expenses from gaming and fundrais				15,545		
	c d		e or (loss) from gaming and fundrais			h 6b and su	27,586		
	–	line 6c)						6d	-12,041
	7a	,	s of inventory, less returns and allows	ances	7a		1,645	u	-12,041
	b		of goods sold		7a 7b		801		
	c		t or (loss) from sales of inventory (Su				801	7c	844
	8		nue (describe in Schedule O)					8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	and 8			. 🕨	9	127,889
	10		similar amounts paid (list in Schedu					10	0
	11		id to or for members					11	0
ŝ	12		her compensation, and employee be					12	120,299
nse	13		al fees and other payments to indepe					13	8,298
Expenses	14	Occupancy	r, rent, utilities, and maintenance				[14	6,810
Щ	15		blications, postage, and shipping					15	3,298
	16		nses (describe in Schedule O) .See					16	26,346
	17		nses. Add lines 10 through 16					17	165,051
S	18	Excess or (deficit) for the year (Subtract line 17	from line 9) .				18	-37,162
set	19		or fund balances at beginning of y						
As		-	r figure reported on prior year's retur	-				19	50,855
Net Assets	20	Other chan	ges in net assets or fund balances (e	explain in Sched	ule O) <u></u> .	<u></u> .	<u> </u>	20	0
z	21		or fund balances at end of year. Con					21	13,693

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2015)

-	990-EZ (2015)					Page 2
Par		,				
	Check if the organization used Schedule	O to respond to ar	• .		•	(B) End of year
00	Cash as visual and investments		_	(A) Beginning of year	00	
22	Cash, savings, and investments			52,108		23,643
23 24	Land and buildings		· · · · · ·		23 24	
24 25	Other assets (describe in Schedule O)		· · · · · · · ·			
25 26			· · · · · ·	52,108		
20 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column			1,253 50,855		
Pari		<u>, , </u>	,		21	13,693
Гаг	Check if the organization used Schedule			,		Expenses
	<u> </u>	See Schedule O, Sta			(Re	equired for section
		· · · ·				1(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplis easured by expenses. In a clear and concise m	anner, describe the				ganizations; optional for ners.)
<u> </u>	ons benefited, and other relevant information for ea					
28	Program 1 - Family Search and Engagement (FSE). In					
	Ohio Counties to help them implement Family Searc	h and Engagement at	their agencies. This	work focuses		
	(Continued on Schedule O, Statement 3)			·····	~	-
~~	· · · · · · · · · · · · · · · · · · ·		ints, check here .		28	a 47,201
29	Program #2 - Permanency Training Through an ongc					
	(IHS) and the Ohio Department of Job and Family Se	rvices, the Waiting C	hild Fund offers ongo	bing FSE		
	(Continued on Schedule O, Statement 4)	· · · · · · · · · · · · · · · · · · ·		·····		
~~			ints, check here .		29	a 21,915
30	Program #3 - Family Finding Convening - The Family					
	Columbus, Ohio. The day was designed as a learning	g and engagement op	portunity for adminis	strative and		
	(Continued on Schedule O, Statement 5)	· · · · · · · · · · · · · · · · · · ·		·····		
•			ints, check here .		30	a 15,172
31	Other program services (describe in Schedule O)				~	
20			ints, check here .	🕨 🗋	31	a 0
32	Total program convice expenses (add lines 20a t	brough 21a			0	•
-	Total program service expenses (add lines 28a t			🕨	32	
Part	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp	►		
-		Employees (list each O to respond to an	י one even if not comp אַי question in this I	oensated—see the ir Part IV		
-	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp	Densated—see the in Part IV (d) Health benefits, contributions to employ	nstru ee (e	uctions for Part IV)
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	Employees (list each O to respond to ar (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	beensated – see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	nstru ee (e	uctions for Part IV)
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	beensated – see the in Part IV (d) Health benefits, contributions to employ benefit plans, and	nstru	uctions for Part IV)
Part Mike Co-D	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney	Employees (list each O to respond to ar (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	▶ Deensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e n 0	uctions for Part IV)
Part Mike Co-D Shan	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e n 0	uctions for Part IV)
Part Mike Co-D Shan Co-D	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e n 0	uctions for Part IV)
Part Mike Co-D Shan Co-D Mich	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e n 0 8	Letions for Part IV) Letions for Part IV) Set Internation
Part Mike Co-D Shan Co-D Mich Presi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector inon Dienhart irector ael Matasich	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru ee (e n 0 8	Letions for Part IV) Letions for Part IV) Set Internation
Part Mike Co-D Shan Co-D Mich Presi Kate	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2	n one even if not comp ny question in this I compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation		uctions for Part IV)
Part Mike Co-D Shan Co-D Mich Presi Kate Vice	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2	n one even if not comp ny question in this I compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation		uctions for Part IV)
Part Mike Co-D Shan Co-D Mich Presi Kate Vice John	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell President, Board of Directors	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2 2	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436 0	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation		b) Estimated amount of other compensation
Mike Co-D Shan Co-D Mich Presi Kate Vice John Treas	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell President, Board of Directors Cunningham	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2 2	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436 0	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation		b) Estimated amount of other compensation
Mike Co-D Shan Co-D Mich Presi Kate Vice John Treas Susa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell President, Board of Directors Cunningham surer, Board of Directors	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2 2 2	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436 0 0	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	eee (e n 0 8 0 0	b) Estimated amount of other compensation 149 0 0 0 0 0 0 0 0 0 0 0 0 0
Mike Co-D Shan Co-D Mich Presi Kate Vice John Treas Susa Secret	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell President, Board of Directors Cunningham surer, Board of Directors n Kenney	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2 2 2	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436 0 0	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	eee (e n 0 8 0 0	b) Estimated amount of other compensation 149 0 0 0 0 0 0 0 0 0 0 0 0 0
Part Mike Co-D Shan Co-D Mich Press Kate Vice John Treas Susa Secro Julia	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell President, Board of Directors Cunningham surer, Board of Directors n Kenney etary, Board of Directors	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2 2 2 2 2 2	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436 0 0 0	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation		Performance in the second sec
Pari Mike Co-D Shan Co-D Mich Presi Kate Vice John Treas Susa Secr Julia Mem	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell President, Board of Directors Cunningham surer, Board of Directors n Kenney etary, Board of Directors Hornack	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2 2 2 2 2 2	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436 0 0 0	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation		Performance in the second sec
Pari Mike Co-D Shan Co-D Mich Press Kate Vice John Treas Susa Secre Julia Mem Cath	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell President, Board of Directors Cunningham surer, Board of Directors n Kenney etary, Board of Directors Hornack ber, Board of Directors	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2 2 2 2 2 2 2 2 2	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436 0 0 0 0	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	. . . <td>uctions for Part IV) </td>	uctions for Part IV)
Pari Mike Co-D Shan Co-D Mich Press Kate Vice John Treas Susa Secre Julia Mem Cath	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell President, Board of Directors Cunningham surer, Board of Directors n Kenney etary, Board of Directors Hornack ber, Board of Directors erine Miller	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2 2 2 2 2 2 2 2 2	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436 0 0 0 0	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	. . . <td>uctions for Part IV) </td>	uctions for Part IV)
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Pari Mike Co-D Shan Co-D Mich Press Kate Vice John Treas Susa Secre Julia Mem Cath	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Kenney irector non Dienhart irector ael Matasich ident, Board of Directors Terrell President, Board of Directors Cunningham surer, Board of Directors n Kenney etary, Board of Directors Hornack ber, Board of Directors erine Miller	Employees (list each O to respond to ar (b) Average hours per week devoted to position 40 35 2 2 2 2 2 2 2 2 2	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 55,538 40,436 0 0 0 0	▶ Densated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	. . . <td>uctions for Part IV) </td>	uctions for Part IV)
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Form 99	90-EZ (2015)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		V	~
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	~	
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~ ~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(7) organizations. Enter: 39a	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed \blacktriangleright			
42a		216-69		1
b	Located at ► 3615 Superior Ave 3103J, Cleveland, OH 44114 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	44	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		~
с	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) .	45b		~

Form	990-EZ	(2015)
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						Yes	No		
46	Did the organization engage, directly or in								
	to candidates for public office? If "Yes," of		, Part I		· 46		~		
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	-	stions 47–49b and	52, and complete th	e tables t	or lin	es		
	Check if the organization used Sc	hedule O to respond	l to any question in t	his Part VI					
						Yes	No		
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par			n in effect during the			~		
48	Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E	. 48		V		
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?	. 49 a		V		
b	If "Yes," was the related organization a se								
	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."								
50	Complete this table for the organization's	s five highest compen	sated employees (oth	er than officers, direct	tors, truste	es an			
50	Complete this table for the organization's	s five highest compen	sated employees (oth	er than officers, direct	tors, truste	ees an None."	unt of		
	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	s five highest compen s \$100,000 of comper (b) Average hours per week	sated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, truste e, enter "f (e) Estimat	ees an None."	unt of		
50 Jone	Complete this table for the organization's employees) who each received more than (a) Name and title of each employee	s five highest compen s \$100,000 of comper (b) Average hours per week	sated employees (oth nsation from the organ (c) Reportable compensation	er than officers, direct nization. If there is non (d) Health benefits, contributions to employee benefit plans, and deferred	tors, truste e, enter "f (e) Estimat	ees an None."	unt of		

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

. 🕨

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		-	
		-	
		-	
		-	
		-	
d	Total number of other independent contractors each receiving	over \$100,000 ►	
52	Did the organization complete Schedule A? Note: All se completed Schedule A		
	penalties of perjury, I declare that I have examined this return, including accompan rrect, and complete. Declaration of preparer (other than officer) is based on all info		

Sign Here	Signature of officer John Cunningham, Treasurer			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's EIN ►			
				Phone no.			
May the IRS	Aay the IRS discuss this return with the preparer shown above? See instructions						

SCHEDULE A (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.

Open to Public

OMB No. 1545-0047

2015

	in alger i and a	Inspection
Name of the organization	Employer identificati	on number

	nent of the Treasury Revenue Service	▶ Information about		cn to Form 990 or Form m 990 or 990-EZ) and its		ns is at ww		Open to Public Inspection
	of the organization						Employer identification	
	ING CHILD FUND)					20-27	
Par	tl Reason	for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ons.
The c	organization is no	ot a private founda	ation because it i	s: (For lines 1 through	11, chec	k only or	ne box.)	
1				on of churches descri				
2								
3								(iii) Entar tha
	hospital's name, city, and state:							
	5 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.)							
8	A community	/ trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	receipts from support from	n activities related n gross investme	d to its exempt ent income and	re than 33 ¹ / ₃ % of its functions-subject to unrelated business t 75. See section 509(a	o certain taxable ii	exception ncome (l	ns, and (2) no more ess section 511 ta	e than 331/3% of its
10	🗌 An organizat	ion organized and	l operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
11	one or more	publicly supported	d organizations d	vely for the benefit of, escribed in section 5 6 the type of supporting	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	the suppor		s) the power to re	supervised, or control egularly appoint or ele ections A and B .				
b	control or r	nanagement of th	e supporting org	d or controlled in coni janization vested in th , Sections A and C .			•	
с				ng organization operat s). You must comple				y integrated with,
d	that is not	functionally integra	ated. The organi	porting organization o zation generally must mplete Part IV, Secti	satisfy a	distributi	on requirement and	• • • • •
е				written determination onally integrated supp				I, Type III
f g		ber of supported o lowing information		oorted organization(s).				
	(i) Name of support		(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the o listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								

(E)

Total

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any "unusual grants.") . . . 207,730 194,769 328,705 251,535 119,569 1,102,308 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. 4 207,730 194,769 328,705 251,535 119,569 1,102,308 The portion of total contributions by 5 each person (other than а governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 115,786 Public support. Subtract line 5 from line 4. 6 986,522 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 207,730 194,769 328,705 119,569 1,102,308 251,535 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 742 371 893 302 61 2,369 Net income from unrelated business 9

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.)

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	94.61	%
15	Public support percentage from 2014 Schedule A, Part II, line 14	15	93.02	%
16a	331/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 331	/3 % o	r more, check this	
	box and stop here. The organization qualifies as a publicly supported organization		🕨	~
b	33 ¹ / ₃ % support test — 2014. If the organization did not check a box on line 13 or 16a, and line check this box and stop here. The organization qualifies as a publicly supported organization .		,	
17a	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box ar Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies	d sto	p here. Explain in	

10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here .	
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	
supported organization	
	organization

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

Schedule A (Form 990 or 990-EZ) 2015

 \square

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support			<i>,</i> 1	•	,	
Calen	ıdar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	Idar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
- :	and 12.)						
14	First five years. If the Form 990 is for the	-			-		
<u>.</u>	organization, check this box and stop he						· · ►
	on C. Computation of Public Suppor			0 1 (0)		45	
15	Public support percentage for 2015 (line 2)						<u>%</u>
<u>16</u> Socti	Public support percentage from 2014 Sch			<u></u>		16	%
	on D. Computation of Investment In		-	vino 12 oct	mn (fl)	17	%
17 19	Investment income percentage for 2015 (()	•	())		<u>%</u> %
18 100	Investment income percentage from 2014 33 ¹ / ₃ % support tests-2015. If the organ						
19a	17 is not more than $33^{1/3}$ %, check this box						
L	33 ¹ / ₃ % support tests – 2014. If the organiz	-	-	-		-	
b	line 18 is not more than $33^{1}/_{3}$ %, check this						
20		-	-				
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

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

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 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedu	le A (Form 990 or 990-EZ) 2015		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			

Section D. All Type III Supporting Organizations

the supported organization(s).

			Yes	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

or management of the supporting organization was vested in the same persons that controlled or managed

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

1

3

Vee Ne

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	ion D - Distributions	<u>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>		Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
J	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
<u>с</u>	Excess from 2013			
	Excess from 2014			
u	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

Schedule A, Part II, Line 10 - Fundraising Income		

SCHI	EDULE G			-	-	aising or Gaming		OMB No. 1545-0047
	1 990 or 990-EZ)	Complete if t	he organization and organization ente	swered "Yes" red more that	on Form 990 n \$15,000 on	, Part IV, lines 17, 18, Form 990-EZ, line 6a.	or 19, or if the	2015
Departr	nent of the Treasury	517		tach to Form	Open to Public			
	Revenue Service	Information ab	out Schedule G (Fo	orm 990 or 990	D-EZ) and its	instructions is at www	Employer identif	Inspection
	ING CHILD FUND))-2727509
	Fundrai		Complete if th	e organiza	ation answ	vered "Yes" on I	Form 990, Part IV	, line 17.
Par	Form 99	0-EZ filers are n	ot required to	complete	this part.			
1	Indicate wheth	er the organizatio	n raised funds t	hrough any	of the follo	owing activities. C	heck all that apply.	
а	Mail solicita			е [on of non-govern	•	
b		d email solicitatior	าร	f		on of government	-	
C	Phone solid			g	Special 1	undraising events	6	
d 2a	Did the organi		ten or oral agre	ement with	any individ	dual (including off	icers, directors, tru	stees
24							fundraising services	
b				•		•	•	he fundraiser is to be
	compensated	at least \$5,000 by	the organizatio	n.	, ,	-		
	(i) Name and addrea or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(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			
1					-	-		
2								
3								
3								
4								
5								
6								
7								
8								
9								
10								
Total					►			fied it is exempt from

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

		gloss receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	
			.,		.,	(d) Total events
			Golf Outing	Scrabble Tournament	3	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	31,753	7,400	28,983	68,136
ш	2 3	Less: Contributions Gross income (line 1 minus	20,833	7,400	24,358	52,591
	0	line 2)	10,920	0	4,625	15,545
	4	Cash prizes	0	0	0	00
	5	Noncash prizes	0	0	0	0
səsu	6	Rent/facility costs	14,328	0	0	14,328
Direct Expenses	7	Food and beverages	0	775	5,290	6,065
Direct	8	Entertainment	0	0	2,235	2,235
	9	Other direct expenses .	2,537	271	2,150	4,958
	10	Direct expense summary. Add				27,586
	11	Net income summary. Subtrac				-12,041
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99	-	red "Yes" on Form 990), Part IV, line 19, or r	reported more

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	□ Yes% □ No	│	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d) . . .		
	8	Net gaming income summary	/. Subtract line 7 from li	ne 1, column (d)		
	а	Enter the state(s) in which the orgonization licensed to configure organization licensed to configure organization.	onduct gaming activities	s in each of these states	5?	📋 Yes 🗌 No
10		Were any of the organization's gain of the organization's gain of the organization of	-	-	ted during the tax year	

Schedu	ile G (Form 990 or 990-EZ) 2015 Page 3
11 12	Does the organization conduct gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity conducted in: The organization's facility 13a An outside facility 13b Sector 13b
	Address
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation \$
	Description of services provided
	Director/officer
17 а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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	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) 2015

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990 EZ or to provide any additional information			OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www		Inspection
Name of the organization WAITING CHILD FUND		Employer identifica	ation number 2727509
	ine 26 - Payroll liabilities and credit card	20-	
Form 990-EZ, Part V, L	ine 35b - This amount relates to the sale of coffee and is 1% of income activity.		
· 			

Other Expenses Structured Explanation

Description	Amount
Travel	10,581
Training	2,870
Service Charges	2,015
Insurance	4,455
Depreciation	1,084
Other Miscellaneous Expenses	5,341
Total:	26,346

Primary Exempt Purpose

Primary Exempt Purpose

The Waiting Child Fund has one fundamental goal: to help place children in foster care with a permanent family. Permanency is what our children deserve, and it is what they need in order to heal and grow from the trauma they have experienced due to abuse or neglect. The Waiting Child Fund is a collaborative organization. We work closely with counties around Ohio who have custody of children in foster care. We also work with private nonprofit agencies, court systems, mental health agencies, and our colleagues from around the country to work on behalf of families and children. Our role is to help agencies increase their permanency outcomes. We help build programs, we advocate for improvements to the foster care system, we provide training and coaching, and we are working to lead a movement of agencies and individuals who are committed to ensuring that all children achieve permanency.

First Program Service Accomplishments Description

Description

on helping to find, engage, partner with, and support blood and non-blood relatives of children who experience foster care. The following description outlines the work being done at Fairfield, Stark, and Cuyahoga County. Fairfield County Protective Services has identified the opportunity to increase the safety, permanency, and well-being outcomes achieved for their children and families through the increased use of a Family Search and Engagement (FSE) at the Intake level of the agency. The Waiting Child Fund is working with Fairfield County to 1) assist with the planning and development process, 2) provide coaching services to key leadership team members, 3) develop and provide training, and 4) integrate and imbed FSE work at the agency through skill development. The Waiting Child Fund is partnering with Stark County Job and Family Services to develop and implement an agency-wide FSE program implementation. Utilizing Appreciative Inquiry, our approach focuses on the fundamental question "When are we at our best?" rather than "What is the problem?" This method is helping staff to identify individual and organizational strengths as a foundation for improvement. Together we are creating a collective sense of "what could be" as we work to achieve permanency for all children. Using the identified strengths and collective vision, we will build staff capacity through training, coaching, and teaming activities. The increased capacity to achieve permanency for children will be fully integrated through the creation of policy, procedures, and ongoing supports to sustain the work beyond the scope of the proposed partnership. Cuyahoga County Division of Children and Family Services (CCDCFS), specifically the Youth Permanency Transition Team Units, have identified the opportunity to increase the permanency and family connections outcomes for their older youth historically served by the Independent Living Unit. They are partnering with the Waiting Child Fund to achieve these outcomes through the increased use of a Family Search and Engagement (FSE). The Waiting Child Fund is working with CCDCFS to 1) assist with the development process, 2) provide coaching services during development, 3) develop and provide training, and 4) integrate and embed FSE work at the agency through skill development

Second Program Service Accomplishments Description

Description

training and coaching services. These training and coaching tools were delivered at 5 of the 8 regional training centers in Ohio in 2015. In addition, the Waiting Child Fund works as a partner in the implementation process of the Casey Family Program's Permanency Roundtable program. As a member of the Statewide Advisory Council, trainers and coaches, and External Permanency Consultants the Waiting Child Fund helps the 11 pilot counties with the strategic, tactical, and case-level practice of implementing the model. Permanency Roundtables (PRT) are professional case consultations that provide support to the caseworkers while taking a comprehensive look at the child's situation and seeking to bust barriers in order to attain legal permanency and increase permanent connections for the child. The 3 goals of each PRT are to: (1) expedite legal permanency. During each PRT the following questions are asked: (1) What will it take for this child to achieve permanency? (2) What can we do that has been tried successfully before? (3) What can we do that has never been tried? (4) What can we do concurrently to help this child achieve permanency? and (5) How can we engage the child in permanency planning? Through implementing the PRT model in Ohio, we expect to see improvements: in the short term, less restrictive living environments for the child welfare. Just as important, the project supports the ongoing philosophical shift in Ohio to ensure that every child attains permanent connections - whether it be successful reunification with a birth family, permanent placement with kin, or adoption - before having to emancipate. The emphasis on instilling the values of permanency not just in agency staff but also in judicial partners, providers, and foster caregivers is designed to bring together multiple systems in support of permanency for Ohio youth.

Third Program Service Accomplishments Description

Description

management level representatives from county child welfare organizations, ODJFS, private providers, funding organizations, the judicial community, university social work departments, mental health organization, family finding programs, and Permanency Roundtable pilot counties. The day focused on learning from existing models and holding strategic conversation to move the practice of authentic family-centered engagement forward in Ohio. Key Partners are Waiting Child Fund, National Institute for Permanent Family Connectedness, Seneca Family of Agencies, Ohio Association of Child Caring Agencies (OACCA), Family and Youth Law Center, Capital University Law School, Cuyahoga County Division of Children and Family Services, Fairfield County Job and Family Services, Franklin County Children Services, Advocates for Families First, Kevin Campbell, Family Finding Model Author, Casey Family Programs, Caring For Kids, The Village Network, Summit County Children Services. Funding Partners are John and Laurie Cunningham, Casey Family Programs, Public Children Services Association of Ohio (PCSAO)