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OMB No 1545-0047

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www IRS gov/form990

Return of Organization Exempt From Income Tax

A F	or the :	2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-201	5			
B Che	eck ıf ap	plicable C Name of organization The Everychild Foundation		D Emplo	yer id	lentification number
☐ Ac	ldress ch			31-1	6939	85
	ame cha	Doing business as				
	ıtıal retu	rn				
	nal 'termına	Number and street (or P O box if mail is not delivered to street address) Room/su	te	E Teleph	one nu	ımber
Am	nended r			(310)	573-	-2153
Ар	plication	pending City or town, state or province, country, and ZIP or foreign postal code Pacific Palisades, CA 90272		G Gross	receint	:s \$ 1,125,738
		F Name and address of principal officer			-	
		Jacqueline Caster	H(a) Is th	ıs a group rdınates?		rn for Yes 🗸
		956 Corsica Drive	No	rumates		l tes l❖
	x-exem	Pacific Palisades, CA 90272 ot status	H(b) Are a		ınates	S
	ebsit e	* www.everychildfoundation.org	If"N	o," attach		t (see instructions)
			H(c) Grou			
K Form	n of org	anization	L Year of fo	rmation 19	999	M State of legal domicile CA
Pa	rt I	Summary				
		efly describe the organization's mission or most significant activities				
		raise funds for distribution to entities and organizations devoted to improving ected by conditions like poverty, illness, injury, abuse, and neglect	the prospects	and eas	ıng th	ne suffering of children
ce	<u>a 111</u>	ected by conditions like poverty, lilliess, liljury, abuse, and neglect				
Ě						
(em						
70°	2 C	heck this box ▶ ☐ if the organization discontinued its operations or disposed	of more than 2	25% of its	s net	assets
Activities & Governance	3 N	umber of voting members of the governing body (Part VI, line 1a)		_	3	12
16 S		umber of independent voting members of the governing body (Part VI, line 1b)			4	12
M		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			5	0
Act		otal number of volunteers (estimate if necessary)			6	35
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0
	b Ne	t unrelated business taxable income from Form 990-T, line 34			7b	0
			Prio	r Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,114,	468	1,118,449
Ę	9	Program service revenue (Part VIII, line 2g)			0	0
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5		400	7,289
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	1,119,		1,125,738
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,383,	208	1,288,057
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
۲۵.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines			0	0
Expenses	160	5-10) Professional fundraising fees (Part IX, column (A), line 11e)			0	0
рe	16a		•		- 0	
Д	b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,640		122	112	121.016
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		123,	-	121,916
	18 19	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		-386,	-	-284,235
× 0	13	Revenue less expenses Subtract line to from line 12		<u> </u>		· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances			Beginning o	or Current	†ear	End of Year
Ass. Bal	20	Total assets (Part X, line 16)		1,894,	-	1,609,649
E P	21	Total liabilities (Part X, line 26)			0	0
	22	Net assets or fund balances Subtract line 21 from line 20		1,894,	018	1,609,649
	t II	Signature Block ties of perjury, I declare that I have examined this return, in				
		ties of perjury, I declare that I have examined this return, if ge and belief, it is true, correct, and complete Declaration o				
		s any knowledge				

Sign	
Here	

Signature of officer Jacqueline Caster Founder/President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Sean E Cain CPA Preparer's signature Sean E Cain CPA Firm's address ► 234 East Colorado Blvd Suite M150

Pasadena, CA 91101

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

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🛸	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I \stackrel{\text{def}}{\longrightarrow} \dots \dots$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	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		No
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	11 c		No
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 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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	(2020)			
t IV	Checklist	of Required	Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

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,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

22

23

24a

24b

24c

24d

25a

25h

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28a

28b

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34

35a

35b

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37

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Yes

Form 990 (2015)

Yes

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part

Pai	rt 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	· · ·	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did th	e organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ī		g (gambling) winnings to prize winners?	1c		
2a		the number of employees reported on Form W-3, Transmittal of Wage and			
		tatements, filed for the calendar year ending with or within the year covered s return			
ь	· ·	east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a		y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial			
		nt)?	4a		No
b	If"Ye	s," enter the name of the foreign country >			
	Seein	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR	· ·			
		he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
D	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
-		ization solicit any contributions that were not tax deductible as charitable contributions?			
b		s," did the organization include with every solicitation an express statement that such contributions or gifts	e h		
7		not tax deductible?	6b		
	-	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
а		es provided to the payor?	/a		NO
b	If"Ye	s," did the organization notify the donor of the value of the goods or services provided?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	- -		NI -
a		rm 8282?	7c		No
u	11 16.	74			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Na
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No No
		organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
,	requir		7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8		oring organizations maintaining donor advised funds.			
		donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
		the year?	8		
		e sponsoring organization make any taxable distributions under section 4966?	9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a		on 501(c)(7) organizations. Enter ion fees and capital contributions included on Part VIII, line 12 10a			
		receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	faciliti			-	
11	Section	on 501(c)(12) organizations. Enter			
		Income from members or shareholders			
b		Income from other sources (Do not net amounts due or paid to other sources stamounts due or received from them)			
4-		,	_		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? s," enter the amount of tax-exempt interest received or accrued during the	12a		
D	year	s," enter the amount of tax-exempt interest received or accrued during the			
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.			
_	To +L	organization because discuss qualified health plans in more than are attained.			
а		organization licensed to issue qualified health plans in more than one state? Note. See the instructions for onal information the organization must report on Schedule O	13a		
b	Enter	the amount of reserves the organization is required to maintain by the states			
	in whi	ch the organization is licensed to issue qualified health plans			
c	Enter	the amount of reserves on hand	ļ	ļ	
		e organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 990 ((2015)					Рa
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O.			or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					
Section	n A. Governing Body and Management					
					Yes	ı
1a Enter	the number of voting members of the governing body at the end of the tax	1a	12			
Iftho	are are material differences in voting rights among members of the governing					

14	year	1a	12			
	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	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rıor Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active a by the following $% \left(1\right) =\left\{ 1\right\} =\left\{ $	ions ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	reau	red by the Internal B	Reven	ue Cod	e)
	\(\text{}\)		rea by the internal i		1 000	<u> </u>
			rea by the internal i		Yes	No
	Did the organization have local chapters, branches, or affiliates?		· · · · ·	10a		
10a			of such chapters,	F		No
10a b	Did the organization have local chapters, branches, or affiliates?	· · tivitie: ion's e	of such chapters, xempt purposes?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization as the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie: ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing 	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing 	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing 	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 . Ily inte	s of such chapters, xempt purposes? erning body before filing. 90	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Illy inte the p	s of such chapters, xempt purposes? erning body before filing. 90	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Illy inte	s of such chapters, xempt purposes? erning body before filing. 90	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 in the p in the p in the deli	s of such chapters, xempt purposes? erning body before filing. 90	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 in the p in the p in the deli	s of such chapters, xempt purposes? erning body before filing. 90	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 illy inte in the p riew ar	s of such chapters, xempt purposes? erning body before filing. 90	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ightharpoons CA

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records

 ▶Jacqueline Caster 16780 Monte Hermoso Drive Pacific Palisades, CA 90272 (310) 573-2153

Part VII

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

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

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

compensated employees, and former such personal Check this box if neither the organization no		ganıza	tion	com	pen	sated	any	current officer, c	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h a	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Jacqueline Caster	25 00								0	
Founder and President		X		X				0	0	0
(2) Carla Buck Secretary	1 00	х		х				0	0	0
(3) Doreen Gelfand Treasurer	5 80	х		х				0	0	0
(4) Lilly Lewis Chair, Grant Monitoring Co	6 70	x						0	0	0
(5) Kırstın Orban Meyer Chair, Communications Comm	2 00	x						0	0	0
(6) Kristie Hubbard Member at Large	1 00	х						0	0	0
(7) Vicki Baker Chair, Grant Outreach Comm	2 90	х						0	0	0
(8) Dara Barker Chair, Public Policy Commi	3 00	х						0	0	0
(9) Sue Rosenblum Chair, Grant Screening	12 00	х						0	0	0
(10) Tracy Katayama Esse Chair, Membership	2 00	x						0	0	0
(11) Cindy Bauman Frischling Past Chair, Grant Screenin	2 00	х						0	0	0

art VII	Section A.	Officers,	Directors,	Trustees,	Key Employees,	and Highest	Compensated Employees (cor	ntınued)

											Г
	(A) Name and Title	(B) Average hours per week (list any hours	more t	han o n is	ne l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
1b c	Sub-Total	ts to Part VII, S	ection A	· .	•		. •				1
d	Total (add lines 1b and 1c) .						>		0	0	0
2	Total number of individuals (ir \$100,000 of reportable comp						d abov	e) wl	no received more th	aan	

- 3
 - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
 - on line 1a? If "Yes," complete Schedule J for such individual .
 - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
 - organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such ındıvıdual .
 - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .
 - 5

Section B. Independent Contractors

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

Name and business address	Description of services	Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Yes

3

4

No

Νo

Νo

Νo

Form 99								Page 9
Part V	* • • •	Statement o						_
		Check If Schedu	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र द	1a	Federated camp	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b	1,070,308				
ج ق آ	c	Fundraising eve	ents 1c	12,304				
ifts ar 4	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) 1e					
Ons Si	f		ons, gifts, grants, and 1f	35,837]]
tributio Other		similar amounts no						
	g	1a-1f \$	ons included in lines	1,655				
Cont and	h	Total. Add lines	s 1a-1f	• • •	1,118,449			
<u>ə</u>				Business Code				
Program Service Revenue	2a							
á	b							
¥C.	C							
₹	d e							
ran	f	All other progra	ım service revenue					
y								
	<u>д</u> 3		s 2a-2f ome (including dividend					
		and other simila	aramounts)		7,289			7,289
	4		tment of tax-exempt bond p					
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(i) iteur	(II) I CISSING				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d	Net gain or (los	s)					
Other Revenue	8a	Gross income fi events (not incl \$	luding reported on line 1c)					
er		- ,	a					
⊕		-	penses b					
	9a			vents •				
			a 					
	l		penses b [Toss) from gaming activ	rities				
		·		•				
	IUa	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inve					
	11a	Miscellaneous	s kevenue	Business Code				
	b							
	c	_						
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions		4 405 700		_	7.000
					1,125,738	0	0	7,289

Part IX Statement of Functional Expenses

011 5	51(e)(5) and 501(e)(4) organizations must complete an columns. An other	o gu	IIIIZU	CIOII	2 111	u J C	COII	Pic	 Jiun	1111	<u>^</u>		
	Check if Schedule O contains a response or note to any line in this Part I	⟨ .											
	Г												

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,288,057	1,288,057		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Food for corrupts (non-employees)				
11	Fees for services (non-employees)				
a	Management				
ь	Legal				
С .	Accounting	18,120		18,120	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	66,623	66,234	130	259
12	Advertising and promotion	1,832		1,832	
13	Office expenses	6,933	2,716	2,846	1,371
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,125	1,125		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,844		1,844	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Membership Activities	15,130		15,130	
b	O ther fees	5,010			5,010
c	Dues and subscriptions	2,900		2,900	
d	In-Kınd Expense	1,665		1,665	
е	All other expenses	734		734	
25	Total functional expenses. Add lines 1 through 24e	1,409,973	1,358,132	45,201	6,640
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)				

OIIII :	990 (2	2013)			Page 11
Par	t X	Shark of School and Sc			_
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	529	1	857,981
	2	Savings and temporary cash investments	1,891,489	2	749,668
	3	Pledges and grants receivable, net	1,551,155	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		•	
		trustees, key employees, and highest compensated employees Complete Par II of	t		
		Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
A Si	7	Notes and loans receivable, net		7	
	8	· ·	•	8	
	_	Inventories for sale or use	2.000	9	2,000
	9 10a	Prepaid expenses and deferred charges	2,000	9	2,000
	IUa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,894,018	16	1,609,649
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u></u>		persons Complete Part II of Schedule L		22	
Liabi	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24) Complete Part X of Schedule D	5,		
				25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright $\sqrt{}$ and complet lines 27 through 29, and lines 33 and 34.	te		
lan I	27	Unrestricted net assets	152,678	27	151,818
ဋ	28	Temporarily restricted net assets	1,741,340	28	1,457,831
딜	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ts .	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or	33	Total net assets or fund balances	1,894,018	33	1,609,649
_	34	Total liabilities and net assets/fund balances	1,894,018	34	1,609,649
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	, ,,,,,		Form 990 (2015)

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

efile GRAPHIC	orint -	DO NOT	PROCESS	As Filed	Data

hospital's name, city, and state

(i)

Total

170(b)(1)(A)(iv). (Complete Part II)

www.irs.gov/form990.

DLN: 93493316038416 OMB No 1545-0047

Employer identification number

31-1693985

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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 Inspection

Treasury Internal Revenue Service Name of the organization The Everychild Foundation

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2 3

Department of the

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

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

Cat No 11285F

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) (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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 1,058,530 1,253,216 1.048.214 1,114,468 1,118,449 5,592,877 membership fees received (Do not include any unusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 5,592,877 1,058,530 1,253,216 1,048,214 1,114,468 1,118,449 Total. Add lines 1 through 3 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 Public support. Subtract line 5 5.592.877 from line 4 Section B. Total Support Calendar year **(a)**2011 (h)2012 (c)2013 (d)2014 (a)2015 (f)Total

_	_	_	٠.	_	•••	 •	 	 ۲,	М	_	•	•	
				_		 <u> </u>	 						

supported organization

10)	fiscal year beginning in) ▶	(8)2011	(0)2012	(6)2013	(u)2014	(6)2013	(1) Total
7	Amounts from line 4	1,058,530	1,253,216	1,048,214	1,114,468	1,118,449	5,592,877
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,599	4,654	5,604	5,414	7,289	27,560
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						5,620,437
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12	

Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

15	Public support percentage for 2014 Schedule A, Part II, line 14	15	99 470 %
14	Public Support percentage for 2013 (fine 6, column (1) divided by fine 11, column (1))	14	99 510 %

16a 33 1/3% support test-2015. 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 - 2014. 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 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, 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 ▶┌ b 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

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 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in)	(4)	(-)	(-)	(-/	(-)	(1)
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						
7	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 Amounts included on lines 2 and						
U	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)						
Se	ction B. Total Support		Т			_	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
•	iscal year beginning in) ▶		, ,	, ,	. ,	· , ,	+ ` ′
9	Amounts from line 6						
.0a	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 f	or the organization	n's first, second	. third. fourth, or f	ifth tax vear as a	section 501(c)(3) organization.
	check this box and stop here	or the organization	511 5 111 5 C ₁ 5 C C G 11 G	, cilii a, loai cili, oi l	men can year as e	3 3 5 5 5 6 7 7 7 7 7 7 7	>(5) organizacion,
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		14-1	
	• • • •	•		13, column (1))		15	
16	Public support percentage from 20:					16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	ın (f))	17	
18	Investment income percentage from	•	• •	•		18	
	· -				line 15 is more		and line 17 is not
17d	33 1/3% support tests—2015.If the						- -
h	more than 33 1/3%, check this box 33 1/3% support tests—2014. If the	-		•		-	▶ 3 1/3% and line
ט		-					
20	18 is not more than 33 1/3%, check			•			
	- Filivate i vunuativii. II tile (III dili / dili	on ara not check	a DOX OH HHE 14	. 120. UL 130. CNE	.ck unis dux and	ace instruction	o = "

Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	A re 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,		Yes	No
2	describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under	1		
	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)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?	3b		
c	If "Yes," describe in Part VI when and how the organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	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	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes		<u> </u>	l
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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
	the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
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)	10 b		
1	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		
c	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		

Part IV Supporting Organizations (continued)

	,			9	9		(
Section	n R	Tyna	T	Suni	nortina	Orga	nization	_

	г		Yes	NI -
				No
If or ap	ppoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? f "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the rganization's activities. If the organization had more than one supported organization, describe how the powers to ppoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or estrictions, if any, applied to such powers during the tax year	1		
th <i>If</i>	old the organization operate for the benefit of any supported organization other than the supported organization(s) hat operated, supervised, or controlled the supporting organization? f "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that perated, supervised or controlled the supporting organization	2		

Saction	^	Typo	TT	Supporting	Organizations
Section	٠.	ivbe		Suppoi una	Organizacions

			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or				
	trustees of each of the organization's supported organization(s)?				
	If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons				
	that controlled or managed the supported organization(s)	1			

Section	n	All Ty	na TTT	Sunna	rtina	Organ	nizations
Section	υ.	~II I V	n = r + r	JUDDU	u ciiia	Oluai	IIZALIVIIS

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

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	t Test during the year	(see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

2	Activities rest	_Answer (a) and (b) below.	
2	Did substantially	all of the organization's activities during the tay year directly further the exempt numbers of the	Ī

supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the			
organization determined that these activities constituted substantially all of its activities	2a		
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	2b		

- 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 3а 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 3b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly further		orted organizations in	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		723	, <u>,</u>
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributions of prior years			
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 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2			
(ıf amount greater than zero, see ınstructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		l	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) (2015

DLN: 93493316038416

Employer identification number

31-1693985

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

The Everychild Foundation

2

3

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	*	\$
2	Enter the amount of any excis	e tax incurred by organization managi	ers under section	4955	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4 a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120	POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	unds Also enter the nızatıon, such as a			
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	- EZ. Ca	at No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

	art II-	A	Complete if the organization is exempt under section $501(c)(3)$ and file under section $501(h)$.	ed Form 5768	(election
	Check	•	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated groexpenses, and share of excess lobbying expenditures)	up member's name	e, address, EIN
i	Check	•	if the filing organization checked box A and "limited control" provisions apply		
			Limite on Lobbying Evnanditures	(a) Filing	(b) Affiliated

	Limits on Lobb	box A and "limited control" provisions apply bying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a b	Total lobbying expenditures to influence public lobbying) Total lobbying expenditures to influence a legi	, ,		
c	Total lobbying expenditures (add lines 1a and	1 b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of	line 1f)		
h	Subtract line 1g from line 1a If zero or less, en	nter - 0 -		
i	Subtract line 1f from line 1c If zero or less, en	ter -0-		
j	If there is an amount other than zero on either reporting section 4911 tax for this year?	line 1h or line 1i, did the organization file Form 472		
		☐ Y e s	├ No	

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year **(b)**2013 (d)2015 (a)2012 (c)2014 (e) Total beginning in) Lobbying nontaxable amount 2a Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Return Reference

Part II-B, Line 1

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).					
or e	ach "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying	(a)		(b)	_
ctiv	uty	Yes	No		A mount	
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	103				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
3	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
aı	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 01 (c)(5),	or se	ectio	n
			_		Yes	No
•	Were substantially all (90% or more) dues received nondeductible by members?		-	1		—
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2		<u> </u>
}	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
3 I	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
	Dues, assessments and similar amounts from members	1				
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a	Current year	2a	<u> </u>			
b	Carryover from last year	2b				
C	Total	2c	-			
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information		1			

Explanation

other support to political candidates

The organization sends letters, calls legislators and meets with government officials and their staff to advocate on behalf of specific bills benefiting children. The organization does not provide financial or

SCHEDULE D

(Form 990)

Treasury

Department of the

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

DLN: 93493316038416

Open to Public

Inspection

Interr	nal Revenue Service	·		znopednom
Na	me of the organization Everychild Foundation		Emp	loyer identification number
	<u> </u>			1693985
Pa	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar d "Yes" on Form 990 Part IV line 6	Funds	or Accounts.
	Complete if the organization unswert	(a) Donor advised funds		Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			sed Yes No
6	Did the organization inform all grantees, donors, aused only for charitable purposes and not for the conferring impermissible private benefit?			
Pa	rt III Conservation Easements. Comple	te if the organization answered "Yes	" on Forr	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	, , , , , , , , , , , , , , , , , , , ,		
	Preservation of land for public use (e.g., recreeducation)		of an histoi	rically important land area
	Protection of natural habitat	Preservation o	f a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	neld a qualified conservation contribution	ın the form	n of a conservation
				Held at the End of the Year
a	Total number of conservation easements	nte	2a	
b c	Total acreage restricted by conservation easeme Number of conservation easements on a certified		2b 2c	
d	Number of conservation easements included in (, ,		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, training tax year ▶	nsferred, released, extinguished, or termin	ated by th	e organization during the
4	Number of states where property subject to cons	ervation easement is located ►		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		andling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	nspecting, handling of violations, and enfo	orcing con	servation easements during the
	>			
7	A mount of expenses incurred in monitoring, insperience. ▶ \$	ecting, handling of violations, and enforcing	g conserva	ation easements during the year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^2$	ne 2(d) above satisfy the requirements of	section 17	70(h)(4) Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's finances sements	cial staten	nents that describes
Par	t III Organizations Maintaining Collect Complete if the organization answere			her Similar Assets.
1 a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	AS 116 (ASC 958), not to report in its re assets held for public exhibition, education	venue sta on, or rese	arch in furtherance of public
h	If the organization elected, as permitted under SI	AS 116 (ASC 958), to report in its reven	ue statem	ent and balance sheet

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ __

	edule D (Form 990) 2015					Page 2
Par	Organizations Maintaining (continued)	Collections of A	Art, Historical	Treasures, or (Other Similar A	ssets
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other re	cords, check any o	of the following that	are a significant us	e of its
а	Public exhibition		d Γ Lo	an or exchange pro	grams	
b	Scholarly research		e	her		
c	Preservation for future generations					
4	Provide a description of the organization' Part XIII	's collections and ex	plain how they furt	ther the organizatioi	n's exempt purpose	ın
5	During the year, did the organization soli assets to be sold to raise funds rather th					s No
Pa	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 990, Par	t IV, line 9, or re	ported an amoun	t on Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other inte	rmediary for contri	butions or other ass	sets not	s
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following tab	ole	Am	ount
c	Beginning balance	-		10		
d	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amount o	n Form 990, Part X,	line 21, for escrov	w or custodial accou	int liability? Tye s	s No
b	If "Yes," explain the arrangement in Part	XIII Check here if	the explanation ha	as been provided in	Part XIII	
Pa	rt V Endowment Funds. Comple	te if the organiza	tion answered "`	Yes" to Form 990	, Part IV, line 10.	ı
		(a)Current year	(b) Prior year	b (c) Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the	current year end bal	ance (line 1g, coli	ımn (a)) held as		
а	Board designated or quasi-endowment >					
b	Permanent endowment ►					
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%				
За	Are there endowment funds not in the pos organization by	ssession of the orga	nızatıon that are h	eld and administere	d for the	Yes No
	(i) unrelated organizations				За	(i)
b	(ii) related organizations If "Yes" on 3a(ii), are the related organiz			 R [?]		(ii) Bb
4	Describe in Part XIII the intended uses		endowment funds			
Pa	rt VI Land, Buildings, and Equip Complete if the organization a		Form 990 Part	IV line 11a See	Form 990 Part V	line 10
	Description of property	answered les to	Cost or oth	her basis (b) ment) Cost or other l	Accumulated	d (d)Book value
1~	Land			(other)		
	Land					
	Leasehold improvements		·. ·			
	Equipment					
	Other					
T -4-	Add lines to through to (Column (d) mus	- t F 000 B-	-t V1 (D) 1	- 10(-)		1

See Form 990, Part X, line 12. (a) Description of security or category		(b) Book value	(c)Method of valuation
(including name of security)			Cost or end-of-year market va
)Financial derivatives)Closely-held equity interests			
O ther			
:al. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
rt VIII Investments—Program Related.			
Complete if the organization answered	l 'Yes' on Form 990		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market va
			ossesi ena er year markee re
		Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
ort IX Other Assets. Complete if the organization		Form 990, Part IV, line	
Irt IX Other Assets. Complete if the organization		Form 990, Part IV, line	
Other Assets. Complete if the organizatio (a) Descri	ription	Form 990, Part IV, line	
al. (Column (b) must equal Form 990, Part X, col (B) line 1	ription		(b) Book value
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tal. (Column (b) must equal Form 990, Part X, col (B) line 1 art X Other Liabilities. Complete if the orga See Form 990, Part X, line 25. (a) Description of liability deral income taxes	(5) anization answere		(b) Book value

Schedule D (Form 990) 2015

1 2 1,134,635

1

		, , , , , , , , , , , , , , , , , , , ,					
а	Net unrealized gains (losses) o	on investments		2a	-134		
b	Donated services and use of fa	icilities	[2b	9,031		
c	Recoveries of prior year grants		[2c			
d	Other (Describe in Part XIII)			2d			
e	Add lines 2a through 2d					2e	8,897
3	Subtract line 2e from line 1 .					3	1,125,738
4	A mounts included on Form 990), Part VIII, line 12, but not on I	ine 1				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line	e 7b .	4a			
b	Other (Describe in Part XIII)		[4b			
c	Add lines 4a and 4b					4с	0
5	Total revenue Add lines 3 and	4c.(This must equal Form 990, F	Part I, line 1	12)		5	1,125,738
Par		penses per Audited Fina				s per	Return.
		ization answered 'Yes' on Fo	•		•		T
1	·	audited financial statements .				1	1,419,004
2		not on Form 990, Part IX, line 2	1				
а		cilities	<u> </u>	2a	9,031		
b	Prior year adjustments			2b			
c			F-	2c			
d	Other (Describe in Part XIII)			2d			
e	Add lines 2a through 2d					2e	9,031
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	1,409,973
4	Amounts included on Form 990), Part IX, line 25, but not on line	e 1:				
а	Investment expenses not inclu	ided on Form 990, Part VIII, line	e 7 b	4a			
b	Other (Describe in Part XIII)			4b			
c	Add lines 4a and 4b					4c	0
5	Total expenses Add lines 3 an	d 4c. (This must equal Form 990), Part I, line	e 18)		5	1,409,973
B	Considerated Table						
	Supplemental Info						
	vide the descriptions required for : V , line 4 , Part X , line 2 , Part XI ,						ido any additional
	mation	illes 20 and 40, and Fait XII, in	iles zu allu ·	4D AI	so complete this part t	o provi	de ally additional
	Return Reference	Exp	lanation				
Part >	(, Line 2	The Foundation is exempt from	taxatıon und	der Int	ternal Revenue Code S	ection	501(c)(3) and
		California Revenue and Taxation					
		provide accounting and disclosure turns that might be uncertain			•	_	
		the positions taken by the Found	dation in the	eir fed	eral and state exempt o	organiz	zation tax returns are
		more likely than not to be susta examination by federal and stati					3
		after they are filed	e taxiiiy aut	.nontle	es, generally for three a	ma iou	i years, respectively,
		<u>'</u>					adula D (Form 000) 2015

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

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2015	Page 5					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316038416 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number The Everychild Foundation 31-1693985 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 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 Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

The grant recipient is chosen by a vote of the entire Foundation membership from a roster of carefully screened candidate projects

Part I, Line 2

Additional Data

504 S Sierra Madre Blvd

Pasadena,CA 91107

Software ID: Software Version:

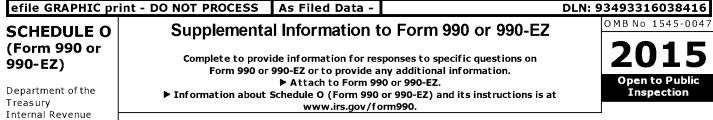
EIN: 31-1693985

Name: The Everychild Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centinela Youth Services Inc 11539 Hawthorne Blvd 5th Floor Hawthorne, CA 90250	95-3821576	501(c)3	246,200				To divert teens from juvenile justice system to mediation program
Family Crisis Center 2116 Arlington Ave Ste 200 Los Angeles,CA 90018		501(c)3	754,857				General support
Children's Clinic	95-1643332	501(c)3	287,000				To support a training

program for at-risk

youth



Name of the organization
The Everychild Foundation
31-1693985

P90 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part VI, Section Membership is open to all women in the Los Angeles area who con a line 6. Equipolation to make an annual grant of \$1 million.

Service

Form 990, Part VI, Section
A, line 6

Membership is open to all women in the Los Angeles area who contribute annual dues of \$5,000 enabling the Foundation to make an annual grant of \$1 million

Form 990, Part VI, Section
A, line 7a

Membership is open to all women in the Los Angeles area who contribute annual dues of \$5,000 enabling the Foundation to make an annual grant of \$1 million

Jacqueline Caster is the sole member of the corporation and nominates and elects the executive board and the committee chairs

990 Schedule O, Supplemental Information Return Reference Explanation

Form 990, Part VI,	The draft of the 990 will be distributed to the members of the governing body. At a board meeting, the 990 will be
Section B, line 11	discussed with the board members. If there are any issues/questions, the Treasurer will discuss them with the
	accounting firm for resolution

Form 990, Part VI, Annually, the board members complete a new conflict of interest policy

Section B. line 12c

990 Schedule O, Supplemental Information

Return Reference Explanation

F	Form 990, Part VI, Section B, line 15	Everychild has no paid officers or employees The organization is run by volunteers
F	Form 990, Part VI, Section C, line 19	The organization's governing documents and financial statements are available to the public upon request