Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

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.

A	For th	ne 2016 cale	ndar year, or tax year beginning $\mathtt{JULY} \hspace{0.1cm} \mathtt{01}$, 2016	, and endin	g JUNE	30	, 2017
В	Check it	fapplicable:	C Name of organization CENTER FOR CHILDREN AND					entification number
	doress	change	Doing business as CENTER FOR CHILDREN AND FAI	MILI	Е	36-39		
Π,	Name ci	nange	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Teleph		
П	nitial re	turn	505 STANFORD ST		-	(605)		
П	inal ret	urn/	City or town, state or province, country, and ZIP or foreign posta	al code				0270
╌:	erminat	ted	VERMILLION SD 57069			G Gross receip		361,274
\prod_{A}	Amende	d return	F Name and address of principal officer:	Тн	l(a) Isthisa			
П	Applicat	ion pending	' '		(b) Are all su			
ī	ax-ex	empt status:	X 501(c)(3) 501(c)() ◀(insert no.) 4947(a)(1) or	527	ASSOCIATE CHOICE SAFA GOVE	" attach a lis		П П
J	Vebsi	te: ► N/A			l(c) Group ex			5-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
17/10 50	JUNE DANIETH CO.	organization:			f formation:			te of legal domicile: SD
-	art I	Summ		ti ma amen			101 010	to or regar definitions. DD
	1		cribe the organization's mission or most significant activities:					
_	ΨЦ		ER PROVIDES DAYCARE SERVICES AS P	י קקכ	THETR	MONDD	OFT	Π
Activities & Governance	AP		ION ON FILE WITH THE IRS	. பட		NOMER	OF I	L.
2	7.7.1	1 11 1 0111	TON ON TIME WITH THE TRE				gi g	
Š	2	Check this	s box ▶ if the organization discontinued its operations or dispose	ad of m	oro than 250	/ of ito not	t aggeste	
ě	3		f voting members of the governing body (Part VI, line 1a)				1	9
oč u	4		f independent voting members of the governing body (Part VI, line 1				3	
<u>.</u>	5						4	52
žį	6		ber of individuals employed in calendar year 2016 (Part V, line 2a) .				5	52
AC			ber of volunteers (estimate if necessary)				6	
	78		lated business revenue from Part VIII, column (C), line 12				7a	
_		Netuniela	ted business taxable income from Form 990-T, line 34	• • • • • • •	1000	30 (00)	7b	0
		أند و المسالة و	and and words (Dad MU Parad I)			ior Year	1.04	Current Year
a d	8		ons and grants (Part VIII, line 1h)				164	36,997
Revenue	9		ervice revenue (Part VIII, line 2g)	306,	0/4	323,355		
Be			t income (Part VIII, column (A), lines 3, 4, and 7d)				- 20	
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			226	39	922
_	12		nue add lines 8 through 11 (must equal Part VIII, column (A), line			336,	2//	361,274
	13		d similar amounts paid (Part IX, column (A), lines 1-3)					
	14		aid to or for members (Part IX, column (A), line 4)				200	
es	15		ther compensation, employee benefits (Part IX, column (A), lines 5-			232,	939	262,471
Expenses	168		al fundraising fees (Part IX, column (A), line 11e)		• •	113 - 114 -		
άx	- k		raising expenses (Part IX, column (D), line 25)					
ш	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)			108,		98,213
	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)			341,		360,684
	19	Revenue le	ess expenses. Subtract line 18 from line 12		•••	-5 ,	545	590
ets	S					g of Curren		End of Year
SS	20		ts (Part X, line 16)			428,		399,447
Net Assets or Fund	음 21		ties (Part X, line 26)			215,	27.70	197,721
			or fund balances. Subtract line 21 from line 20			212,	945	201,726
Pa	ırt II	Signat	ure Block	-000				
			I declare that I have examined this return, including accompanying schedules an				y knowl	edge and belief, it is true,
COTTE	ct, and	complete. Det	laration of preparer (other than officer) is based on all information of which prep	parer nas	any knowledg	je.		
Sig		1	ature of officer					Date
He	re			REC	TOR			
			e or print name and title					
n - :		- Annual Control Control	Type preparer's name Rreparer's signature	Date		Check	if	PTIN
Pai			CY ENGEBRETSON / mayingebell	h				P00274563
	pare		sname ► H AND R BLOCK 0		Fi	irm's EIN I	46 €)387023
US	e On		s address ▶ 12 CENTER ST			hone no.		
			MILLION SD 57069			05624	3551	
Мау	the IF	RS discuss th	is return with the preparer shown above? (see instructions)					···· Yes X No

(Expenses \$

Total program service expenses

360,684

including grants of \$

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
121	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
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 N/A	5		
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			
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
٥	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	-		¥ 7
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		_X_
3	10 21 21 21 21 21 21 21 21 21 21 21 21 21			
	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	_		3.7
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		_X_
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		*7
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
••	VII, VIII, IX, or X as applicable.		*	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
-	D, Part VI	11a	Х	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	IIa		
75	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
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	110		21
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		İ	
	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			2002
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance			2.2
	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on))::-		
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			* *
10	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
	If "Yes," complete Schedule G, Part III	19		Λ

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J..... X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Schedule L. Part I..... 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete 26 X Schedule L, Part II....... Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions); a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II..... Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

FDA

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		_	
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			531841
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" 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 organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	+3		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		37
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	0.000		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
·	required to file Form 8282?	70		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	110000	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			21
20.0	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	114		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
2	Note. See the instructions for additional information the organization must report on Schedule O.	71.		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	day)		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O \dots \mathbb{N} ./ \mathbb{A}	14b		

Form 990 (2016)

Page 6

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for a		190 0
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Secti	on A. Governing Body and Management			КЯ
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		163	140
	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.			11
b	Enter the number of voting members included in line 1a, above, who are independent 1b		ŧ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Χ
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			23
	or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7.5
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		23	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./ A.	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Χ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1213
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	0000	X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990-T (Section 501(c)(3)s or 1024 if applicable)	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Own website Another's website Upon request Other (explain in Schedule O) 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.			

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

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

. X

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

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

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

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

(A)	(B)			((C) ition			(D)	(E)	(F)
Name and Title	Average hours per	(do not check more than one						Reportable compensation	Reportable compensation	Estimated
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	officer Institutional trustee	Officer	Key employee	employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BARBARA GOODMAN	1.00			Х				0	0	0
BOARD PRESIDENT		v								MEN
CARMEN STEWART	1.00	Х						0	0	0
BOARD MEMBER	1 00	x								
SHERRI BOSSE BOARD MEMBER	1.00			ŀ				0	0	0
JEANNIE CARAWAY	1.00	X						0	0	0
BOARD MEMBER	1.00								0	U
KYLE GRUHN	1.00	x						0	0	0
BOARD MEMBER									9	
LIZ TAGGART	1.00	X						0	0	0
BOARD MEMBER								***		
JESSICA SCHULTE	1.00	X						0	0	0
BOARD MEMBER										
JENNIFER OLSON	1.00	X						0	0	0
BOARD MEMBER										
AMANDA PETERS		v								2000
BOARD MEMBER AND	1.00	X		1			X	0	0	0
FORMER DIRECTOR	00.00	x					×			
TAYLOR LOCKWOOD	20.00	^					^	0	0	0
FORMER DIRECTOR COURTNEY EIDEM	20.00	x					x	0	0	0
FORMER DIRECTOR	20.00								0	U
CAYLYN WAGNER	20.00	x						0	0	0
DIRECTOR	20.00									0
				ŀ						

Form 990 (2016)

FDA

Pari	VII Section A. Officers	, Directors	s, Trust	ees, K	ey En	nploye	es, and	Highe	est Compensated E	mployees (continue	d)		
	(A) Name and title	(B) Average		(do not	Posi t check nless pe	tion more the	nan one both an (trustee)		(D) Reportable	(E) Reportable	Est am	(F) imated ount of	
77		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation om the unization related nizations	
1b c	Sub-total Total from continuation sh		100										
d	Total (add lines 1b and 1c)			1.25	757					\$100,000 of	I		
2	Total number of individuals (from the organization ▶	including t	out not ii	mitea	to thos	se liste	d above	wno	received more than :	\$100,000 of reportab	ie comp	ensation	
3	Did the organization list any on line 1a? If "Yes," complete						20 10 20 10				3		X 40
4	For any individual listed on li organization and related orga										4		X
5	Did any person listed on line	1a receive	or accr	ue cor	npens	ation f	rom any	unrela	ated organization or i	ndividual for			militar.
Section	services rendered to the organian B. Independent Contractor		ii Yes,	comp	iete St	neau	e J for Si	ich þe	erson		5		X
1	Complete this table for your		t compe	ensated	d inde	pende	nt contra	ctors t	that received more th	nan \$100,000 of			
	compensation from the orga		(37/2								ax year.		
	(A) (B) Name and business address Description of services ((Compe		
2	Total number of independen \$100,000 of compensation fr				ut not	limited	d to thos	e listed	d above) who receive	ed more than			

Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response or	note to any line in this	Part VIII			П
110					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns		THE STATE OF THE S				312-314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
S,G		Fundraising events						
ar L		Related organizations						
S, C		Government grants (contril		24,053				
Öis		All other contributions, gifts						
but		similar amounts not include	8 750 (60	12,944				
ΞÖ	а	Noncash contributions included	13 <u>227 l</u>			T 4 0 1 4		
aCo	_	Total. Add lines 1a-1f	STATE STATE OF THE		36,997			
			A REAL PROPERTY AND	Business Code		10.00		
ø)	2a	DSS PARENT FE	F.S	Dusinoss ocus	35,096	35,096		
Š		PARENT FEES			288,259	288,259	******	
Program Service Revenue	С				-			
Ven	d	**************************************						
Be	e		Will be well as a second of the second of th					
Pro	f	All other program service re	evenue					<u> </u>
	N).	Total. Add lines 2a-2f			323,355			
	3	Investment income (includi						AND ACCOUNTS OF THE PARTY OF TH
		other similar amounts)						
	4	Income from investment of	tax-exempt bond	proceeds · · · · · ▶				
	5	Royalties					4000000	
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)			****		THE PARTY OF THE PARTY OF THE PARTY.	
		_	(i) Securities	(ii) Other			Mile Zickewski	
	7a	Gross amount from sales of assets other than						
		inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundrai	sing events		Amenglia stranga, samasa			
<u>o</u>		(not including \$						
enr		of contributions reported o	n line 1c).					
Şe.		See Part IV, line 18	a					
ē	b	Less: direct expenses	b					
Other Revenue	С	Net income or (loss) from f	undraising events					
	9a	Gross income from gaming						
		Part IV, line 19 · · · · · · ·						
		Less: direct expenses						
	С	Net income or (loss) from g	gaming activities .					
	10a	Gross sales of inventory, le	ss					
		returns and allowances	a					
		Less: cost of goods sold						
	С	Net income or (loss) from s						
		Miscellaneous Rev		Business Code				
		BUS PASS REVE			830	830		
		PRODUCT RETUR	N REFUND		19	19		
		AMAZON SMILES			73	73		
		All other revenue			922		***************************************	
		Total. Add lines 11a-11d		SANT TANK SHENORE AND MERCENT TOWN AN AN AN		204 077		ANN WEIGHT
	12	Total revenue. See instruc	ctions		361,274	324,277		

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	anizations must com	olete column (A).	
	Check if Schedule O contains a response or note to				
Do n 7b, 8	not include amounts reported on lines 6b, Bb, 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	005 4.5.50			
	and domestic governments. See Part IV, line 21				
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				Top camp
5	Compensation of current officers, directors,				A STATE OF THE STA
	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)	70			
7	Other salaries and wages	243,680	243,680		****
8	Pension plan accruals and contributions (include				***************************************
	section 401(k) and 403(b) employer contributions)	1,000,000			
9	Other employee benefits				
10	Payroll taxes	18,791	18,791		
11	Fees for services (non-employees):				*******
а	Management				
b	Legal·····				
C	Accounting	2,974	2,974		
d	Lobbying		U		Process and the second
е	Professional fundraising services. See Part IV, line 17				TWO STATES OF THE STATES OF TH
f	Investment management fees			A. Julian Baranaga (A) and	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	453	453		
13	Office expenses	2,420	2,420		
14	Information technology				
15	Royalties				
16	Occupancy	28,874	28,874		
17	Travel	376	376		
18	Payments of travel or entertainment expenses for any				***************************************
	federal, state, or local public officials		_		
19	Conferences, conventions, and meetings	376	376		
20	Interest	11,500	11,500		
21	Payments to affiliates	1000			
22	Depreciation, depletion, and amortization		***************************************		
23	Insurance	9,993	9,993		
24	Other expenses. Itemize expenses not covered above			303 31	and the second s
	(List miscellaneous expenses in line 24e. If line 24e				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O.)				
а	GROCERY SUPPLY	31,296	www.g. 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		***************************************
b	GENERAL SUPPLY	9,126			
С	BANK CHARGES				
d	EDUCATION EXPENSE				
е	All other expenses	825	825		700 x 200 x
25	Total functional expenses. Add lines 1 through 24e	360,684	320,262		
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		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	50,525	1	26,946
	2	Savings and temporary cash investments	7,013	2	11,859
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	27,754	4	23,186
	5	Loans and other receivables from current and former officers, directors,		2.51	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		4	
		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			
Assets		organizations (see instructions). Complete Part II of Schedule L		6	and a beauty week a summer to a sum of the s
SS	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other	7.777		
		basis. Complete Part VI of Schedule D 10a 520, 255			
	b	Less: accumulated depreciation	343,602	10c	337,456
	11	Investments publicly traded securities	0.07,002	11	3377 130
	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)	428,894	16	399,447
	17	Accounts payable and accrued expenses	11,422	17	8,024
	18	Grants payable	11,122	18	0,024
	19	Deferred revenue		19	·
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			
v)	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
g				00	
Ë	22	disqualified persons. Complete Part II of Schedule L	190,341	22	175,502
	23 24	Unsecured notes and loans payable to unrelated third parties	14,186	23	14,195
	2000-00	The state of the s	14,100	24	14,193
	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		05	
	26	The service of the se	215,949	25 26	197,721
	26	Total liabilities. Add lines 17 through 25	213,343	26	131,121
v)		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and			
၁င	07	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	212,945	07	201,726
alaı	27		212, 343	27	201,720
ä	28	Temporarily restricted net assets		28	
Ĕ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
tsc		complete lines 30 through 34.	The second secon		
SSe	30	Capital stock or trust principal, or current funds		30	
tΑ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	1000 CON
Ş	32	Retained earnings, endowment, accumulated income, or other funds	212 045	32	001 706
	33	Total net assets or fund balances	212,945	33	201,726
	34	Total liabilities and net assets/fund balances	428,894	34	399,447

Par	t XI Reconciliation of Net Assets				10000000
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	M A	361,	274
2	Total expenses (must equal Part IX, column (A), line 25)	2		360,	684
3	Revenue less expenses. Subtract line 2 from line 1	3			590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		212,	945
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		Helder	
7	Investment expenses	7			
8	Prior period adjustments	8		-11,	809
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		201,	726
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
			1000	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		-12-0-12-0		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	A./.A.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	21,7 22	1		7
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
UCD1455	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
- Til	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N./.A.	3b		
FDA	16 99012 BWF 990 Form Software Copyright 1996 – 2017 HRB Tax Group, Inc.	21, 22		990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CENTER FOR CHILDREN AND FAMILIES

Employer identification number

-			TITUDICIN AND		TO SUPERIOR		20-2913	J 9 9
Pa	rt	Reason	for Public Chari	ty Status (All organization	s must comp	olete this par	rt.) See instructions.	
The c	rg	anization is not a	a private foundation be	cause it is: (For lines 1 throug	jh 12, check	only one bo	ox.)	
1	L	A church, conv	ention of churches, or	association of churches desc	ribed in sec t	tion 170(b)(1)(A)(i).	
2		A school descri	ibed in section 170(b)	(1)(A)(ii). (Attach Schedule E	(Form 990 c	or 990-EZ).))	
3		A hospital or a	cooperative hospital se	ervice organization described	in section	170(b)(1)(A)	(iii).	
4	Γ			ated in conjunction with a ho				iter the hospital's name.
		city, and state:			5.		, , , , , , ,	1
5	Γ	An organization	operated for the bene	efit of a college or university o	wned or ope	erated by a	governmental unit descr	ibed in section
). (Complete Part II.)				g	
6	Γ	1		or governmental unit describe	d in section	170(b)(1)(Δ)(γ)	
7	X	The same of the sa		a substantial part of its supp		1970 5007 (5007)		l public described in
	23	5530	(1)(A)(vi). (Complete P		on nom a g	overninenta	rank or norm the genera	ii public described iii
8	Г	The state of the s		on 170(b)(1)(A)(vi). (Comple	to Part II \			
9	H					vatad in aan	in a stick and a state of the s	
3	L			described in section 170(b)(
			a non-land-grant colle	ege of agriculture (see instruc	tions). Enter	tne name, o	city, and state of the coll	ege or
40	г	university:		//) 1 00 //00/ /:				
10	L			: (1) more than 33 1/3% of its				con. 100 pc
				empt functionssubject to d	10 Table 10	100	\$ 100 March 1969 1961 1961	
				e and unrelated business tax		21	358	es
	_			e 30, 1975. See section 509	Outside to report to		(5-03)	
11	L	the second second		ed exclusively to test for publ				
12	L			ed exclusively for the benefit				
				ported organizations describe				
		Check the box	in lines 12a through 12	d that describes the type of s	supporting o	rganization a	and complete lines 12e,	12f, and 12g.
а		Type I. A sup	porting organization o	perated, supervised, or contr	olled by its s	upported or	ganization(s), typically b	y giving the
		supported or	ganization(s) the powe	r to regularly appoint or elect	a majority of	f the directo	rs or trustees of the sup	porting organization.
		You must co	mplete Part IV, Section	ons A and B.				
b		Type II. A su	pporting organization s	supervised or controlled in co	nnection wit	h its suppor	ted organization(s), by h	naving control or
		management	of the supporting orga	inization vested in the same p	persons that	control or m	nanage the supported or	rganization(s).
			mplete Part IV, Section				.,	.,
С				supporting organization ope	rated in con	nection with	and functionally integra	ated with, its
				uctions). You must complet				
d				ed. A supporting organization			4	nization(s) that is
		- 1000 pg	10 IE	nization generally must satisf	1850			
				lete Part IV, Sections A and			one and an adonary on ob	o roquiromoni
е		different control of the control of		ceived a written determinatio			a Tyne I Tyne II Tyne II	II functionally
·				ally integrated supporting organic		to that it is t	a Type I, Type II, Type II	in furnicularity
f				ations				
				t the supported organization(
g	250			I	(iv) Is the o	reonization	[60]	(45)
(1) 1	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed	in vour	(V) Amount of monetary support (see instructions)	(Vi) Amount of other support (see instructions)
		or games and		above (see instructions))	10.00	document?		support (see manactions)
	_				Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)		****		AND AND THE RESIDENCE OF THE PROPERTY OF THE P		THE USE OF THE POWER.		
Fotal								

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,132	41,194	41,772	30,164	36 , 997	187,259
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	37,132	41,194	41,772	30,164	36,997	187,259
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						187,259
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	37,132	41,194	41,772	30,164	36,997	187,259
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	218,779	225,325	296,656	306,074	324,277	1,371,111
11	Total support. Add lines 7 through 10						1,558,370
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fou	rth, or fifth tax ye	ear as a section	501(c)(3)	
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2016 (line 6, o	column (f) divided	by line 11, colum	n (f))		14	12.02%
15	Public support percentage from 2015 Scheo	dule A, Part II, line	14			15	11.24%
16a	33 1/3% support test 2016. If the organiand stop here. The organization qualifies as						
b	33 1/3% support test 2015. If the organibox and stop here. The organization qualifi						
17a	10%-facts-and-circumstances test 20 more, and if the organization meets the "facts-and-circumstant" organization meets the "facts-and-circumstant".	ts-and-circumstar	ices" test, check	this box and st	op here. Explai	n in Part VI how	the
b	10%-facts-and-circumstances test 20 more, and if the organization meets the "factorganization meets the "facts-and-circumstant"	ts-and-circumstar	ices" test, check	this box and st	op here. Explai	n in Part VI how	
18	Private foundation. If the organization did		Total Mark Services Control of		ty to the second to the		ıs▶ ∏
FDA	W 82	Copyright 1996 – 2017				A (Form 990 o	

SCHEDULE D

(Form 990)

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. 2016

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

	NTER FOR CHILDREN AND FAMII		36-3913599
Pa	rt I Organizations Maintaining Donor	r Advised Funds or Other Si	imilar Funds or Accounts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) 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 adv	visors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the	organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and	d donor advisors in writing that grant for	unds can be used only
	for charitable purposes and not for the benefit of the	donor or donor advisor, or for any ot	her purpose conferring
	impermissible private benefit?		
Pa	t II Conservation Easements.		
	Complete if the organization answered "Yes"	" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the or	rganization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education)	Preservation of a historically important land area
	Protection of natural habitat		Preservation of a certified historic structure
	Preservation of open space	_	-
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) ad	cquired after 8/17/06, and not on a hi	storic
	structure listed in the National Register		2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or termin	nated by the organization during the tax
	year •		
4	Number of states where property subject to conserve	ation easement is located 🕨	
5	Does the organization have a written policy regarding		AND SEARCH STREET OF THE SEARCH STREET STREE
	enforcement of the conservation easements it holds?	?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handling		
8	Does each conservation easement reported on line 2	1001 01	1 to the same to t
	and section 170(h)(4)(B)(ii)?		TO AND OWN DESIGNATION AND ADDRESS OF THE PROPERTY OF THE PROP
9	In Part XIII, describe how the organization reports co		
	balance sheet, and include, if applicable, the text of t		ncial statements that describes
	the organization's accounting for conservation easem	Andrew Control of the	
Par	III Organizations Maintaining Collec		sures, or Other Similar Assets.
0/28/00	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for		
	in Part XIII, the text of the footnote to its financial state	·	earch in furtherance of public service, provide,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for pu	는 말맞고싶다. [11] [12] [12] [12] [12] [12] [12] [12]	[27]
	the following amounts relating to these items:	ublic exhibition, education, or research	in infinitierance of public service, provide
	5		X 2
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, histo		5040403945 (2 11 11 11 14 14 14 14 14 14 14 14 14 14
_	following amounts required to be reported under SFA	A THE STANDARD CONTRACTOR AND A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR OF THE STANDARD AND A STANDARD CONTRACTOR OF THE S	
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
n	ASSERTINGUED III FUITI 330, Part A		

Par	it III Organizations Maintaining	Collection	ns of Art, Hi	storical Treasu	ıres,	or Other Similar	Asse	ts (cor	ntinued)
3	Using the organization's acquisition, access								
	items (check all that apply):								
а	Public exhibition		d [Loan or exchange	prog	rams			
b	Scholarly research		e	Loan or exchange Other					
С	Preservation for future generations		- L						
4	Provide a description of the organization's of	collections and	l explain how th	ev further the organ	ization	's evemnt nurnose in			
	Part XIII.		- oxpicall florid	o, idition the organ	1201101	ro exempt parpose in			
5	During the year, did the organization solicit	or receive dor	nations of art hi	etorical trascurae or	other	eimilar			
,	assets to be sold to raise funds rather than						П	Ves	∏No
Par	t IV Escrow and Custodial Arra		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW				Ц	103	□ 140
ı Gı	Complete if the organization answe			V line 9 or reported	l an a	mount on Form 990 B	art Y lin	21	
1a	Is the organization an agent, trustee, custoo						art A, III	le 21.	
	included on Form 990, Part X?						П	V	Пи
b							∐'	res	∐ No
b	If "Yes," explain the arrangement in Part XIII	r and complete	e the following t	able.		1			-
_	Designing helence				-		nount		
C	Beginning balance				1				
d	Additions during the year				-				
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on							100000000000000000000000000000000000000	∐ No
CVALLED TO STREET	If "Yes," explain the arrangement in Part XIII	I. Check here	if the explanatio	n has been provided	d on F	art XIII			
Pai	t V Endowment Funds.								
	Complete if the organization answe	red "Yes" on I	orm 990, Part I	V, line 10.			1		
	(a) Currer	nt year	(b) Prior year	(c) Two years b	ack	(d) Three years back	(e) Fo	ur year:	s back
1a	Beginning of year balance							100000000000000000000000000000000000000	
b	Contributions	6	19 H. SH. 19 S. V. E. S. Market, C. E. Limberg, Co. 2011 A. A. L.						2011
C	Net investment earnings,								
	gains, and losses								
d	Grants or scholarships								Wales and the second
e	Other expenditures for								
	facilities and programs								
f	Administrative expenses							0.	
g	End of year balance								
2	Provide the estimated percentage of the cui	rrent vear end	balance (line 1	g, column (a)) held a	as:		The same of the sa		
а	Board designated or quasi-endowment		%	3, (,,					
b	Permanent endowment	%							
С	Temporarily restricted endowment	*****	6						
	The percentages on lines 2a, 2b, and 2c sh								
За	Are there endowment funds not in the poss	(45)		t are held and admir	nistere	d for the			
	organization by:					2 (2		Yes	s No
	(i) unrelated organizations						За	(Value 1)	110
	MARKET NO. 10. THE THE LAST MARKET NAMED TO SERVICE AND ADDRESS OF THE SERVICE AND ADDRESS OF THE MARKET NAMED TO SERVICE AND ADDRESS OF THE MARKET NAMED TO SERVICE AND ADDRESS OF THE S								_
b	If "Yes" on line 3a(ii), are the related organization					101 2010 20 101 2010 2010 EUE - 101 EUE - 1			
4	Describe in Part XIII the intended uses of the						3	9	
400	rt VI Land, Buildings, and Equ		13 endownient i	anas.					
Га	Complete if the organization answ	\$ 2 8	n Form 990 Par	t IV line 11a See Fo	orm 90	00 Part X line 10			
	Description of property	(a) Cost or		(b) Cost or other		c) Accumulated	(d) D	ook val	
	pesoription of property		tment)	basis (other)	1	depreciation	(u) D	JUN Vali	ue
10	Land			Sasio (Strict)					
1a h		⁵	475,626			145,018		231	0,608
b	Buildings	1	7/3,020		+-	140,010		331	0,000
C C	Leasehold improvements		44,629	*****************	<u> </u>	37,781			6,848
d	Equipment		44,023		-	31,101			0,048
e	Other		00 D: : V .	(m) !! '	1			221	7 156
ota	I. Add lines 1a through 1e. (Column (d) must	equal Form 9	90, Part X, colu	mn (B), line 10c.)				33	7,456

Part XI	Reconciliation of Revenue per Audited Financial Sta		per Return.
d Total ray	Complete if the organization answered "Yes" on Form 990, Part IV, line		
	venue, gains, and other support per audited financial statements		1
	s included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
	palized gains (losses) on investments	2a	_
	I services and use of facilities	2b	_
	ies of prior year grants		-
	escribe in Part XIII.)		
	s 2a through 2dtline 2e from line 1		2e
	s included on Form 990, Part VIII, line 12, but not on line 1:	I I	3
	ent expenses not included on Form 990, Part VIII, line 7b	10	
	Describe in Part XIII.)	4b	-
	s 4a and 4b		
	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 5
Part XII	Reconciliation of Expenses per Audited Financial Sta		
r dit All	Complete if the organization answered "Yes" on Form 990, Part IV, line		so per neturn.
1 Total exp	penses and losses per audited financial statements		1
	s included on line 1 but not on Form 990, Part IX, line 25:		
	services and use of facilities	2a	
	ar adjustments		
	SSES	2c	
d Other (D	escribe in Part XIII.)	2d	
e Add lines	s 2a through 2d		2e
3 Subtract	line 2e from line 1		3
4 Amounts	s included on Form 990, Part IX, line 25, but not on line 1:		
a Investme	ent expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (D	escribe in Part XIII.)	4b	
c Add lines	s 4a and 4b		4c
5 Total exp	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .		5
Part XIII	Supplemental Information.	U 1 33 To 5	
	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		, r att/s, iiie 2,

	The second secon		

SCHEDULE J

(Form 990)

Compensation Information

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

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

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

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

n

CENTER FOR CHILDREN AND FAMILIES

Employer identification number

36-3913599

Pai	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
	-			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all N/A			20.0000
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			711
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	7		207
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee		1	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	SEC. TOTALS STANDARD SECURIORISMS AND SECURIORISMS INCOME. BROADING STANDARD SECURIORISMS SECURI		12.5	14.
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:		14 70	
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			15.1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
0. .	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject N/A	·		
-	to the initial contract exception described in Regulations section 53.4958–4(a)(3)? If "Yes," describe			1
	in Part III	8		X
	CONTROL OF SOURCE DE SECULO DE DES DE DES DE DE DES DE			1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958–6(c)?	۹		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 **2016**

Open to Public Inspection

Name of the organization

CENTER FOR CHILDREN AND FAMILIES

Employer identification number

36-3913599

PART VI LINE 11B AND LINE 19 - DOCUMENTS ARE AVAILABLE FOR VIEWING -

PART VII - A PETERS IS FORMER DIRECTOR AND CURRENT BOARD MEMBER - T LOCKWOOD AND C EIDEM ARE FORMER DIRECTORS AND CURRENT EMPLOYEES

PART VII - C WAGNER IS CURRENT DIRECTOR -

2016 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 2: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20
OPEN TO PUBLIC
INSPECTION For calendar year 2016, or tax period beginning $07-01-2016$, and ending $06-30-2017$.
Name of Organization
CENTER FOR CHILDREN AND FAMILIES 36-3913599
Part VI – Line 20
Individual Name
or
Business Name:
CENTER FOR CHILDREN AND FAMILIES
Street Address
Sueer Address 303 STANFORD ST
U.S. Address:
Zip code 57069 City VERMILLION State SD
or
Foreign Address
City
Province or State
Country
Destrict and a
Postal code
Phone Number
1005) 624-6270
Fax Number

2016 FORM 990 PAGE 10, All OTHER EXPENSES

ATTACHMENT 3: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC

. . .

INSPECTION For calendar year 2016 or tax period beginning 0.7 - 0.1 - 2.016, and ending 0.6 - 3.0 - 2.017.

Name of Organization

Employer Identification Number

CENTER FOR CHILDREN AND FAMILIES 36-3913599

<u>ENTER FOR CHILDREN AND FA</u>	MILIES	4	36-39135	99
Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
US PASS EXPENSE	825	825		
				=1
		×		
Total:	825	825		

Form **4562**

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.
► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. 179

	ne(s) snown on return		200 Dr. 1947E-195 St. 2004	ctivity to which th	is form relates			Identifying number
	INTER FOR CHILDR							36-3913599
P			Property Under S					
	Note: If you have a	any listed property,	complete Part V before	you complete P	art I.			
1	Maximum amount (see instruct	tions)					1	
2	Total cost of section 179 prope	erty placed in servic	ce (see instructions)				2	
3	Threshold cost of section 179	property before rec	duction in limitation (see	instructions)			3	
4	Reduction in limitation. Subtract	ct line 3 from line 2	. If zero or less, enter -0	0			4	
5	Dollar limitation for tax year. Su	ubtract line 4 from I	ine 1. If zero or less, en	ter -0 If married	d filing separate	ely,		
	see instructions						5	
6	(a) Description	n of property	(b) Co	st (busn. use on	ly) (c) Elec	cted cos	t	
		* 33100				100000000000000000000000000000000000000		
7	Listed property. Enter the amo	unt from line 29			7			
8	Total elected cost of section 17	79 property. Add ar	mounts in column (c), lis	nes 6 and 7			8	The second secon
9	Tentative deduction. Enter the	smaller of line 5 o	r line 8				9	
10	Carryover of disallowed deduc	tion from line 13 of	your 2015 Form 4562				10	
11	Business income limitation. En	ter the smaller of b	usiness income (not les	s than zero) or lir	ne 5 (see instru	ctions)	11	
12	Section 179 expense deductio	n. Add lines 9 and	10, but don't enter more	e than line 11			12	
13	Carryover of disallowed deduc	tion to 2017. Add li	ines 9 and 10, less line	12 🕨 🔟	3			
No	te: Don't use Part II or Part III	below for listed pro	perty. Instead, use Part	t V.				
			ce and Other De		n't include liste	d prope	rtv.)(S	See instructions.)
_	Special depreciation allowance						3.7(-	
	during the tax year (see instruc						14	
	Property subject to section 168	\$5550 - SECRETARIO 1					15	
	Other depreciation (including A						16	
			ude listed property.)(Se					
			Secti					
17	MACRS deductions for assets	placed in service in					17	12,309
	If you are electing to group any							
	general asset accounts, check		120			. ▶ □		
	Section B Assets						epre	eciation System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only see instructions)	(d) Recovery	(e) Convention	(f) Me		(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/I	_	
h	Residential rental	2		27.5 yrs.	MM	S/I	-	
	property			27.5 yrs.	ММ	S/I	_	
i	Nonresidential real			39 yrs.	ММ	S/I	-	
	property				ММ	S/I		
	Section C Assets P	laced in Servi	ce During 2016 T	ax Year Usin	g the Alter	native	Dep	reciation System
20a	Class life		<u> </u>			S/		
	12-year			12 yrs.		S/	100	
	: 40-year			40 yrs.	MM	S/		
	art IV Summary (See ins	structions.)	1	J				
	Listed property. Enter amount						21	
	Total. Add amounts from line				line 21. Enter h	ere		
	and on the appropriate lines of						22	12,309
23	For assets shown above and p	and transfer and the	, il., il.,					
	enter the nortion of the basis a			22			-11	

2016 DETAIL STATEMENTS

CENTER FOR CHILDREN AND FAMILI 36-3913599

PAGE 1

STATEMENT #1 - ACCT. PAYABLE AND EXP. BEG YR (990-EO PG 11 LINE BEGINNING OUTSTANDING BILLS	ENDING
TOTAL CARRIED TO 990-EO PG 11 LINE 17 11,422	8,024
STATEMENT #2 - GOVERNMENT GRANTS (990-EO PG 9 LINE 1E)	
FOOD REIMBURSEMENT	
TOTAL CARRIED TO 990-EO PG 9 LINE 1E	24,053
STATEMENT #3 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F)
UNITED WAY	
TOTAL CARRIED TO 990-EO PG 9 LINE 1F	12,944
STATEMENT #4 - PAYROLL TAXES (990 EO PG 10 LINE 10A)	
FICA	
TOTAL CARRIED TO 990 EO PG 10 LINE 10A	18,791
STATEMENT #5 - INTEREST (990 EO PG 10 LINE 20A)	
BANK OF THE WEST	
TOTAL CARRIED TO 990 EO PG 10 LINE 20A	11,500
STATEMENT #6 - INSURANCE (990 EO PG 10 LINE 23A)	
PROPERTY INSURANCE	
TOTAL CARRIED TO 990 EO PG 10 LINE 23A	9,993

2016 DETAIL STATEMENTS

CENTER FOR CHILDREN AND FAMILI 36-3913599

3 13 2

PAGE 2

STATEMENT #7 - SECURED MOR	RTGAGES BEG YEAR		AND THE RESERVE OF THE PROPERTY.
BW MORTGAGE		BEGINNING 66 100	ENDING
		124,241	
			2
TOTAL CARRIED TO 990-EO PG	3 11 LINE 23A	190,341	175,502
BW MORTGAGE		,	53,974 121,528 175,502

2016 FEDERAL DEPRECIATION SCHEDULE

CENTER FOR CHILDREN AND FAMILIES 36-3913599

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
		- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
UNASSIGNED												
FURNITURE FIXTU 01-23-02 200DBHY-7	U 01-23-02	200DBHY-7	43175	ven.5300	0 0	0	0	43175	36622	0	36622	6553
BUILD ON STANFO 01-23-02 S/L-39	0 01-23-02	S/L-39	283498		0 0	0	0	283498	101766	7269	109035	174463
BLDG ADDITION	12-01-08 S/L-39	S/L-39	192128		0 0	0	0	192128	37155	4926	42081	150047
DISHWASHER	10-19-11	10-19-11 200DBMQ-7	529		0 0	0	0	529	417	37	454	75
FURNITURE	06-04-12	06-04-12 200DBMQ-7	925	uselitif	0 0	0	0	925	693	77	770	155
5 ASSETS		TOTALS:	520255		0 0	0	0	520255	176653	12309	188962	331293

2016 FEDERAL AMT DEPRECIATION SCHEDULE

CENTER FOR CHILDREN AND FAMILIES 36-3913599

DESCRIPTION	DATE	METHOD	COST	PRIOR	CURRENT	PR SPEC	CURR SPEC	BASIS	PRIOR	CURRENT	ACCUM	ADJ
		- LIFE		179	179	ALLOW	ALLOW		DEPR	DEPR	DEPR	BASIS
GENOTEDORNE												
UNASSIGNED	000000000000000000000000000000000000000	ני אווינים סיור	1000		c	C	c	11	000	c	7000	0 0
FURNITURE FIXTU UI-Z3-UZ ISUDBHI-/	0 UI-23-UZ	120DBHI-/	431/D		0	0	0	431/5	1936	0	1436	35733
BUILD ON STANFO 01-23-02 S/L-39	0 01-23-02	S/L-39	283498		0 0	0	0	283498	65421	7269	72690	210808
BLDG ADDITION	12-01-08 S/L-39	S/L-39	192128	_	0 0	0	0	192128	37155	4926	42081	150047
DISHWASHER	10-19-11	10-19-11 150DBMQ-7	529		0 0	0	0	529	376	51	427	102
FURNITURE	06-04-12	06-04-12 150DBMQ-7	925		0 0	0	0	925	602	108	710	215
5 ASSETS		TOTALS:	520255	-	0 0	0	0	520255	111490	12354	123844	396411