

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning **OCT 1, 2016** and ending **SEP 30, 2017**

|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:                                                                                       | <b>C</b> Name of organization<br><b>CHILD WELFARE LEAGUE OF AMERICA</b><br>Doing business as <b>CWLA</b><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>727 15TH STREET, NW, 12TH FLOOR</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>WASHINGTON, DC 20005</b> | <b>D</b> Employer identification number<br><b>13-1641066</b>                                                                                                                                                                                   |
| Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending | <b>F</b> Name and address of principal officer: <b>CHRISTINE JAMES-BROWN</b><br><b>727 15TH STREET, NW STE 1200, WASHINGTON, DC</b>                                                                                                                                                                                                                    | <b>E</b> Telephone number<br><b>202-688-4165</b>                                                                                                                                                                                               |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 | <b>J</b> Website: <b>WWW.CWLA.ORG</b>                                                                                                                                                                                                                                                                                                                  | <b>G</b> Gross receipts \$ <b>1,816,822.</b>                                                                                                                                                                                                   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other              | <b>L</b> Year of formation: <b>1928</b>                                                                                                                                                                                                                                                                                                                | <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? Yes No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number |
| <b>M</b> State of legal domicile: <b>NY</b>                                                                         |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                |

**Part I Summary**

|                                                                                             |                                                                                                                                                       |                                                                            |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>1</b>                                                                                    | Briefly describe the organization's mission or most significant activities: <b>THE CHILD WELFARE LEAGUE OF AMERICA PROMOTES CHILD WELFARE ISSUES.</b> |                                                                            |
| <b>2</b>                                                                                    | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.               |                                                                            |
| <b>3</b>                                                                                    | Number of voting members of the governing body (Part VI, line 1a)                                                                                     | <b>3</b> 19                                                                |
| <b>4</b>                                                                                    | Number of independent voting members of the governing body (Part VI, line 1b)                                                                         | <b>4</b> 19                                                                |
| <b>5</b>                                                                                    | Total number of individuals employed in calendar year 2016 (Part V, line 2a)                                                                          | <b>5</b> 14                                                                |
| <b>6</b>                                                                                    | Total number of volunteers (estimate if necessary)                                                                                                    | <b>6</b> 150                                                               |
| <b>7a</b>                                                                                   | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                  | <b>7a</b> 14,945.                                                          |
| <b>7b</b>                                                                                   | Net unrelated business taxable income from Form 990-T, line 34                                                                                        | <b>7b</b> -25,484.                                                         |
| <b>Revenue</b>                                                                              | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                                | <b>Prior Year</b> 248,854. <b>Current Year</b> 212,259.                    |
|                                                                                             | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                                 | 1,579,642. 1,282,293.                                                      |
|                                                                                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                               | 626. 307.                                                                  |
|                                                                                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                    | 229,371. 302,368.                                                          |
|                                                                                             | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                          | 2,058,493. 1,797,227.                                                      |
|                                                                                             | <b>Expenses</b>                                                                                                                                       | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |                                                                                                                                                       | 0. 0.                                                                      |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |                                                                                                                                                       | 1,022,870. 1,072,143.                                                      |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |                                                                                                                                                       | 0. 0.                                                                      |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)                          |                                                                                                                                                       | 11,861.                                                                    |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |                                                                                                                                                       | 804,464. 661,818.                                                          |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 1,827,334. 1,733,961.                                                                                                                                 |                                                                            |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 231,159. 63,266.                                                                                                                                      |                                                                            |
| <b>Net Assets or Fund Balances</b>                                                          | <b>20</b> Total assets (Part X, line 16)                                                                                                              | <b>Beginning of Current Year</b> 406,380. <b>End of Year</b> 316,891.      |
|                                                                                             | <b>21</b> Total liabilities (Part X, line 26)                                                                                                         | 2,036,724. 1,883,969.                                                      |
|                                                                                             | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                                  | -1,630,344. -1,567,078.                                                    |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                          |                                                                                   |                                                                          |
|--------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Sign Here</b>         | <i>Christine James Brown</i><br>Signature of officer                              | 8/15/2018<br>Date                                                        |
| <b>Preparer Use Only</b> | <b>CHRISTINE JAMES-BROWN, PRESIDENT &amp; CEO</b><br>Type or print name and title |                                                                          |
| <b>Paid Preparer</b>     | Print/Type preparer's name<br><b>MARK P. S. EDWARD</b>                            | Preparer's signature<br><i>Mark P. S. Edward</i>                         |
|                          | Firm's name <b>HERTZBACH &amp; COMPANY, P.A.</b>                                  | Date<br>8/15/2018                                                        |
|                          | Firm's address <b>1803 RESEARCH BLVD, #215<br/>ROCKVILLE, MD 20850</b>            | Check if self-employed <input type="checkbox"/> PTIN<br><b>P01554651</b> |
|                          |                                                                                   | Firm's EIN <b>52-1158459</b><br>Phone no. (301) 315-2150                 |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CHILD WELFARE LEAGUE OF AMERICA PROMOTES CHILD WELFARE ISSUES BY LEADING AND ENGAGING ITS NETWORK OF PUBLIC AND PRIVATE AGENCIES AND PARTNERS TO ADVANCE POLICIES, BEST PRACTICES AND COLLABORATIVE STRATEGIES THAT RESULT IN BETTER OUTCOMES FOR VULNERABLE CHILDREN,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 805,442. including grants of \$ ) (Revenue \$ 1,000,948. ) EDUCATION AND NATIONAL ADVOCACY:

CWLA IS THE NATION'S LEADING VOICE FOR MILLIONS OF CHILDREN WHO ARE ABUSED, NEGLECTED OR VULNERABLE. CWLA ADVOCATES FOR PUBLIC POLICIES THAT BENEFIT CHILDREN AT THE FEDERAL, STATE AND LOCAL LEVELS. CWLA WORKS WITH ITS MEMBERS, PARTNER ORGANIZATIONS AND OTHER ADVOCATES AND NATIONAL ORGANIZATIONS WITH THE GOAL OF IMPROVING THE QUALITY AND EFFECTIVENESS OF SERVICES SO THAT CHILDREN, YOUTH, FAMILIES AND COMMUNITIES CAN FLOURISH. CWLA BRINGS ITS KNOWLEDGE AND EXPERTISE DIRECTLY TO AGENCIES AND COMMUNITIES THROUGH ITS PROGRAMS, PUBLICATIONS, RESEARCH, CONFERENCES AND PROFESSIONAL DEVELOPMENT. CWLA HOSTS A BI-ANNUAL NATIONAL CONFERENCE ALONG WITH NATIONAL PROGRAM AND PRACTICE CONFERENCES, WEBINARS AND EVENTS THAT BRING TOGETHER HUNDREDS

4b (Code: ) (Expenses \$ 359,181. including grants of \$ ) (Revenue \$ 281,345. ) CONSULTATION:

CWLA BRINGS ITS KNOWLEDGE AND EXPERTISE DIRECTLY TO AGENCIES AND COMMUNITIES THROUGH ITS PROGRAMS, PUBLICATIONS, RESEARCH, AND CONFERENCES. THESE SERVICES INCLUDE AGENCY ASSESSMENTS, POLICY REVIEW AND ANALYSIS, STRATEGIC PLANNING, CRITICAL INCIDENT REVIEWS AND PROGRAM CONSULTATION TO IMPROVE INDIVIDUAL PROGRAMS, ORGANIZATIONS, AND LARGE SYSTEMS, PUBLIC AND PRIVATE; ASSIST PUBLIC CHILD WELFARE AGENCIES AND STATE LEGISLATURES IN REVIEWING AND REDESIGNING SYSTEMS BASED ON RESEARCH, BEST PRACTICE STANDARDS AND ASSESSMENT OF LOCAL NEEDS. IN 2016, CWLA PROVIDED BRIEF TECHNICAL ASSISTANCE AND INDEPTH CONSULTATION TO LEGISLATORS, COMMUNITY LEADERS, AND PUBLIC AND PRIVATE CHILD WELFARE AGENCIES IN MORE THAN A DOZEN JURISDICTIONS.

4c (Code: ) (Expenses \$ 2,001. including grants of \$ ) (Revenue \$ ) RESEARCH:

CWLA COLLECTS, ANALYZES, REPORTS AND ESTABLISHES STANDARDS ON DATA, TRENDS AND BEST PRACTICES IN THE FIELD OF CHILD WELFARE, INCLUDING PREVENTION, EARLY INTERVENTION, REUNIFICATION, PERMANENCY AND TRANSITION TO INDEPENDENT LIVING; CWLA ALSO DISSEMINATES INFORMATION TO MEMBERS AND THE GENERAL PUBLIC THROUGH PUBLICATIONS, THE INTERNET AND CONFERENCES TO ENHANCE THE SYSTEM OF CARE FOR CHILDREN, YOUTH AND FAMILIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,166,624.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?                                                                                                                                                                                                                           | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                                      |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                              |     | X  |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>                                                                               |     | X  |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>                                                    |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                            |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         |     | X  |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i>         |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                     | X   |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                                 |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                       | X   |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                   |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                      |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     | X   |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>                                                            |     | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| <b>15</b> 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 "Yes," complete Schedule F, Parts II and IV</i>                                                                                                           |     | X  |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                     |     | X  |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>                                                                                                               |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                           |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                     |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....                                                                                                                                                                                                              |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....                                                                                                                                                                                                      |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....                                                                                             |     | X  |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....                                                                                                                 |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....                                                      | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                 |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                        |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                           |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                        |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....                                        |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):                                                                                                                          |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                    |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                 |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                     |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                     |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....                                                                                                                                                                      |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....                                                                                                                      |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....                                                                                                                                                                  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                         |     | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                          |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                           |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....                                                                             |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....                                                                                                                           | X   |    |

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

Table with columns for question number, description, and Yes/No boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |                                                                                                                                                                                                                                                                                                          | Yes | No |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
|           | 1a                                                                                                                                                                                                                                                                                                       | 19  |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                       |     |    |
|           | 1b                                                                                                                                                                                                                                                                                                       | 19  |    |
| <b>2</b>  | 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?                                                                                                                                    | X   |    |
| <b>3</b>  | 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?                                                                                     |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                         |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                               |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                                                                                                       | X   |    |
| <b>7a</b> | 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?                                                                                                                                                       | X   |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                                |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                        |     |    |
| <b>a</b>  | The governing body?                                                                                                                                                                                                                                                                                      | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                    | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                             |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |                                                                                                                                                                                                                                                                                              | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           |     | X  |
| <b>b</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?                                                                   |     |    |
| <b>10b</b> |                                                                                                                                                                                                                                                                                              |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | X   |    |
| <b>12c</b> |                                                                                                                                                                                                                                                                                              |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | X   |    |
| <b>15</b>  | 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?                                                                         |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | X   |    |
| <b>b</b>   | Other officers or key employees of the organization                                                                                                                                                                                                                                          | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                          |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| <b>16b</b> |                                                                                                                                                                                                                                                                                              |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, AZ, CA, CT, CO, FL, GA, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **RAY BIERRIA - 202-688-4165**  
**727 15TH STREET, NW SUITE 1200, WASHINGTON, DC 20005**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) ALEX MORALES<br>CHAIR                      | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) JOSEPH COSTA<br>VICE CHAIR                 | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) TODD LANDRY<br>TREASURER                   | 2.00                                                                                | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) LAUREN ARNOLD<br>BOARD MEMBER              | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) ALLISON BLAKE<br>BOARD MEMBER              | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (6) EMELIO BENITEZ<br>BOARD MEMBER             | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) ADAM COLE<br>BOARD MEMBER                  | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) MARILYN DEMONTROND<br>BOARD MEMBER         | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) KRISZTINA FORD<br>BOARD MEMBER             | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) MARVA HAMMONS<br>BOARD MEMBER             | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) MIKE JACKSON<br>BOARD MEMBER              | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) ED KELLY<br>BOARD MEMBER                  | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) VICTORIA KELLY<br>BOARD MEMBER            | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (14) KEITH LIEDERMAN<br>BOARD MEMBER           | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (15) LARRY LIEDERMAN<br>BOARD MEMBER           | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (16) JULIE SWEENEY-SPRINGWATER<br>BOARD MEMBER | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (17) ANAYR-TUA-LOPEZ<br>BOARD MEMBER           | 2.00                                                                                | X                                                                                                            |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |

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

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) DOUG WHITE<br>BOARD MEMBER                                | 2.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (19) CANITRA WHITE<br>BOARD MEMBER                             | 2.00                                                                                | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (20) CHRISTINE JAMES-BROWN<br>PRESIDENT AND CEO                | 40.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 191,448.                                                             | 0.                                                                        | 42,118.                                                                                       |
| (21) RAY BIERRIA<br>CHIEF FINANCIAL OFFICER                    | 40.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 76,544.                                                              | 0.                                                                        | 16,840.                                                                                       |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                     |                                                                                                           |                       |         |              |                              |        | 267,992.                                                             | 0.                                                                        | 58,958.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                     |                                                                                                           |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                     |                                                                                                           |                       |         |              |                              |        | 267,992.                                                             | 0.                                                                        | 58,958.                                                                                       |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|                                                                                                                                                                                                                                | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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                                              |     | X  |
| 4 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 J for such individual | X   |    |
| 5 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                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                         | (B)<br>Description of services | (C)<br>Compensation |
|--------------------------------------------------------------------------|--------------------------------|---------------------|
| HYATT REGENCY ORANGE COUNTY<br>11999 HARBOR BLVD, GARDEN GROVE, CA 92840 | HOTEL SERVICES                 | 144,310.            |
|                                                                          |                                |                     |
|                                                                          |                                |                     |
|                                                                          |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

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

|                                                                            |                                                                                                                                           |                                                             | (A)           | (B)                                | (C)                        | (D)                                                |  |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------|------------------------------------|----------------------------|----------------------------------------------------|--|
|                                                                            |                                                                                                                                           |                                                             | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts                     | <b>1 a</b> Federated campaigns .....                                                                                                      | <b>1a</b>                                                   |               |                                    |                            |                                                    |  |
|                                                                            | <b>b</b> Membership dues .....                                                                                                            | <b>1b</b>                                                   |               |                                    |                            |                                                    |  |
|                                                                            | <b>c</b> Fundraising events .....                                                                                                         | <b>1c</b>                                                   |               |                                    |                            |                                                    |  |
|                                                                            | <b>d</b> Related organizations .....                                                                                                      | <b>1d</b>                                                   |               |                                    |                            |                                                    |  |
|                                                                            | <b>e</b> Government grants (contributions) .....                                                                                          | <b>1e</b>                                                   |               |                                    |                            |                                                    |  |
|                                                                            | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....                                             | <b>1f</b>                                                   | 212,259.      |                                    |                            |                                                    |  |
|                                                                            | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....                                                                          |                                                             |               |                                    |                            |                                                    |  |
|                                                                            | <b>h Total.</b> Add lines 1a-1f .....                                                                                                     |                                                             |               | 212,259.                           |                            |                                                    |  |
| Program Service Revenue                                                    | <b>2 a</b> MEMBERSHIP DUES                                                                                                                | Business Code                                               | 624200        | 721,059.                           | 706,114.                   | 14,945.                                            |  |
|                                                                            | <b>b</b> CONSULTING & TRAINING                                                                                                            |                                                             | 900099        | 281,345.                           | 281,345.                   |                                                    |  |
|                                                                            | <b>c</b> CONFERENCES                                                                                                                      |                                                             | 541800        | 279,889.                           | 279,889.                   |                                                    |  |
|                                                                            | <b>d</b> .....                                                                                                                            |                                                             |               |                                    |                            |                                                    |  |
|                                                                            | <b>e</b> .....                                                                                                                            |                                                             |               |                                    |                            |                                                    |  |
|                                                                            | <b>f</b> All other program service revenue .....                                                                                          |                                                             |               |                                    |                            |                                                    |  |
|                                                                            | <b>g Total.</b> Add lines 2a-2f .....                                                                                                     |                                                             |               | 1,282,293.                         |                            |                                                    |  |
| Other Revenue                                                              | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....                                               |                                                             |               | 307.                               |                            | 307.                                               |  |
|                                                                            | <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                         |                                                             |               |                                    |                            |                                                    |  |
|                                                                            | <b>5</b> Royalties .....                                                                                                                  |                                                             |               | 25,768.                            |                            | 25,768.                                            |  |
|                                                                            | <b>6 a</b> Gross rents .....                                                                                                              | (i) Real                                                    | (ii) Personal |                                    |                            |                                                    |  |
|                                                                            |                                                                                                                                           | <b>b</b> Less: rental expenses .....                        |               |                                    |                            |                                                    |  |
|                                                                            |                                                                                                                                           | <b>c</b> Rental income or (loss) .....                      |               |                                    |                            |                                                    |  |
|                                                                            |                                                                                                                                           | <b>d</b> Net rental income or (loss) .....                  |               |                                    |                            |                                                    |  |
|                                                                            | <b>7 a</b> Gross amount from sales of assets other than inventory .....                                                                   | (i) Securities                                              | (ii) Other    |                                    |                            |                                                    |  |
|                                                                            |                                                                                                                                           | <b>b</b> Less: cost or other basis and sales expenses ..... |               |                                    |                            |                                                    |  |
|                                                                            |                                                                                                                                           | <b>c</b> Gain or (loss) .....                               |               |                                    |                            |                                                    |  |
|                                                                            |                                                                                                                                           | <b>d</b> Net gain or (loss) .....                           |               |                                    |                            |                                                    |  |
|                                                                            | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>a</b>                                                    |               |                                    |                            |                                                    |  |
| <b>b</b> Less: direct expenses .....                                       |                                                                                                                                           | <b>b</b>                                                    |               |                                    |                            |                                                    |  |
| <b>c</b> Net income or (loss) from fundraising events .....                |                                                                                                                                           |                                                             |               |                                    |                            |                                                    |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 ..... | <b>a</b>                                                                                                                                  |                                                             |               |                                    |                            |                                                    |  |
|                                                                            | <b>b</b> Less: direct expenses .....                                                                                                      | <b>b</b>                                                    |               |                                    |                            |                                                    |  |
|                                                                            | <b>c</b> Net income or (loss) from gaming activities .....                                                                                |                                                             |               |                                    |                            |                                                    |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....    | <b>a</b>                                                                                                                                  |                                                             | 156,303.      |                                    |                            |                                                    |  |
|                                                                            | <b>b</b> Less: cost of goods sold .....                                                                                                   | <b>b</b>                                                    | 19,595.       |                                    |                            |                                                    |  |
|                                                                            | <b>c</b> Net income or (loss) from sales of inventory .....                                                                               |                                                             |               | 136,708.                           | 136,708.                   |                                                    |  |
| Miscellaneous Revenue                                                      |                                                                                                                                           | Business Code                                               |               |                                    |                            |                                                    |  |
| <b>11 a</b> OTHER REVENUE                                                  |                                                                                                                                           | 900099                                                      | 139,892.      |                                    |                            | 139,892.                                           |  |
|                                                                            | <b>b</b> .....                                                                                                                            |                                                             |               |                                    |                            |                                                    |  |
|                                                                            | <b>c</b> .....                                                                                                                            |                                                             |               |                                    |                            |                                                    |  |
|                                                                            | <b>d</b> All other revenue .....                                                                                                          |                                                             |               |                                    |                            |                                                    |  |
|                                                                            | <b>e Total.</b> Add lines 11a-11d .....                                                                                                   |                                                             |               | 139,892.                           |                            |                                                    |  |
| <b>12 Total revenue.</b> See instructions. ....                            |                                                                                                                                           |                                                             | 1,797,227.    | 1,404,056.                         | 14,945.                    | 165,967.                                           |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                        | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...                                                                                            |                       |                                 |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....                                                                                                                     |                       |                                 |                                        |                             |
| 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 .....                                                                                                                      | 313,836.              | 188,512.                        | 122,436.                               | 2,888.                      |
| 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 .....                                                                                                                                                                      | 635,967.              | 382,006.                        | 248,108.                               | 5,853.                      |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                  | 3,415.                | 1,995.                          | 1,381.                                 | 39.                         |
| 9 Other employee benefits .....                                                                                                                                                                       | 52,524.               | 32,692.                         | 19,498.                                | 334.                        |
| 10 Payroll taxes .....                                                                                                                                                                                | 66,401.               | 38,799.                         | 26,849.                                | 753.                        |
| 11 Fees for services (non-employees):                                                                                                                                                                 |                       |                                 |                                        |                             |
| a Management .....                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b Legal .....                                                                                                                                                                                         | 1,046.                |                                 | 1,046.                                 |                             |
| c Accounting .....                                                                                                                                                                                    | 14,115.               |                                 | 14,115.                                |                             |
| d Lobbying .....                                                                                                                                                                                      | 17,000.               | 17,000.                         |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                             |                       |                                 |                                        |                             |
| f Investment management fees .....                                                                                                                                                                    | 40,976.               |                                 | 40,976.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)                                                                                            | 173,066.              | 154,476.                        | 16,596.                                | 1,994.                      |
| 12 Advertising and promotion .....                                                                                                                                                                    | 248.                  | 248.                            |                                        |                             |
| 13 Office expenses .....                                                                                                                                                                              | 152,339.              | 138,715.                        | 13,624.                                |                             |
| 14 Information technology .....                                                                                                                                                                       |                       |                                 |                                        |                             |
| 15 Royalties .....                                                                                                                                                                                    | 1,400.                | 1,400.                          |                                        |                             |
| 16 Occupancy .....                                                                                                                                                                                    | 59,844.               | 43,806.                         | 16,038.                                |                             |
| 17 Travel .....                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                     |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings .....                                                                                                                                                       | 173,162.              | 165,251.                        | 7,911.                                 |                             |
| 20 Interest .....                                                                                                                                                                                     | 8,504.                |                                 | 8,504.                                 |                             |
| 21 Payments to affiliates .....                                                                                                                                                                       |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization .....                                                                                                                                                    |                       |                                 |                                        |                             |
| 23 Insurance .....                                                                                                                                                                                    | 6,382.                |                                 | 6,382.                                 |                             |
| 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 OTHER                                                                                                                                                                                               | 12,033.               | 1,389.                          | 10,644.                                |                             |
| b HONORARIUMS                                                                                                                                                                                         | 1,335.                | 335.                            | 1,000.                                 |                             |
| c BAD DEBT                                                                                                                                                                                            | 368.                  |                                 | 368.                                   |                             |
| d _____                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e All other expenses _____                                                                                                                                                                            |                       |                                 |                                        |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                          | <b>1,733,961.</b>     | <b>1,166,624.</b>               | <b>555,476.</b>                        | <b>11,861.</b>              |
| 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)<br>Beginning of year |               | (B)<br>End of year |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|--------------------|
| <b>Assets</b>                                                             | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                                                                                                                       | 200,658.                 | <b>1</b>      | 220,785.           |
|                                                                           | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                                                                                                                            |                          | <b>2</b>      |                    |
|                                                                           | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                                                                                                                                |                          | <b>3</b>      |                    |
|                                                                           | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                                                                                                                          | 176,545.                 | <b>4</b>      | 71,016.            |
|                                                                           | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....                                                                                                                                               |                          | <b>5</b>      |                    |
|                                                                           | <b>6</b> 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 instr). Complete Part II of Sch L ..... |                          | <b>6</b>      |                    |
|                                                                           | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                                                                                                                   |                          | <b>7</b>      |                    |
|                                                                           | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                                                                                                                       | 21,421.                  | <b>8</b>      | 17,136.            |
|                                                                           | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                                                                                                                             |                          | <b>9</b>      |                    |
|                                                                           | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                                                                                                                             | <b>10a</b> 17,175.       |               |                    |
|                                                                           | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                                                                                                                    | <b>10b</b> 17,175.       | <b>10c</b> 0. | 0.                 |
|                                                                           | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                                                                                                                         |                          | <b>11</b>     |                    |
|                                                                           | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                                                                                                                             |                          | <b>12</b>     |                    |
|                                                                           | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                                                                                                                              |                          | <b>13</b>     |                    |
|                                                                           | <b>14</b> Intangible assets .....                                                                                                                                                                                                                                                                                                |                          | <b>14</b>     |                    |
|                                                                           | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                                                                                                                               | 7,756.                   | <b>15</b>     | 7,954.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 406,380.                                                                                                                                                                                                                                                                                                                         | <b>16</b>                | 316,891.      |                    |
| <b>Liabilities</b>                                                        | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                                                                                                                            | 1,208,483.               | <b>17</b>     | 1,063,015.         |
|                                                                           | <b>18</b> Grants payable .....                                                                                                                                                                                                                                                                                                   |                          | <b>18</b>     |                    |
|                                                                           | <b>19</b> Deferred revenue .....                                                                                                                                                                                                                                                                                                 | 274,367.                 | <b>19</b>     | 365,611.           |
|                                                                           | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                                                                                                                      |                          | <b>20</b>     |                    |
|                                                                           | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                                                                                                                            |                          | <b>21</b>     |                    |
|                                                                           | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....                                                                                                                             |                          | <b>22</b>     |                    |
|                                                                           | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                                                                                                                   |                          | <b>23</b>     |                    |
|                                                                           | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                                                                                                                     | 329,099.                 | <b>24</b>     | 230,568.           |
|                                                                           | <b>25</b> 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 .....                                                                                                                                            | 224,775.                 | <b>25</b>     | 224,775.           |
|                                                                           | <b>26 Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                                                                                                                       | 2,036,724.               | <b>26</b>     | 1,883,969.         |
| <b>Net Assets or Fund Balances</b>                                        | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                |                          |               |                    |
|                                                                           | <b>27</b> Unrestricted net assets .....                                                                                                                                                                                                                                                                                          | -1,722,898.              | <b>27</b>     | -1,655,271.        |
|                                                                           | <b>28</b> Temporarily restricted net assets .....                                                                                                                                                                                                                                                                                | 17,554.                  | <b>28</b>     | 13,193.            |
|                                                                           | <b>29</b> Permanently restricted net assets .....                                                                                                                                                                                                                                                                                | 75,000.                  | <b>29</b>     | 75,000.            |
|                                                                           | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                         |                          |               |                    |
|                                                                           | <b>30</b> Capital stock or trust principal, or current funds .....                                                                                                                                                                                                                                                               |                          | <b>30</b>     |                    |
|                                                                           | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                                                                                                                                 |                          | <b>31</b>     |                    |
|                                                                           | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                                                                                                                                 |                          | <b>32</b>     |                    |
| <b>33</b> Total net assets or fund balances .....                         | -1,630,344.                                                                                                                                                                                                                                                                                                                      | <b>33</b>                | -1,567,078.   |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 406,380.                                                                                                                                                                                                                                                                                                                         | <b>34</b>                | 316,891.      |                    |

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |             |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 1,797,227.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 1,733,961.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 63,266.     |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | -1,630,344. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |             |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | -1,567,078. |

**Part XII Financial Statements and Reporting**

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                             |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____                                                                                                                                                                                                                                                                  |     | X  |
| <b>b</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 _____                                                                                                                                                                                                      |     |    |



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                      | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  | 1688788. | 1417980. | 523,866. | 248,854. | 212,259. | 4091747.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        | 1688788. | 1417980. | 523,866. | 248,854. | 212,259. | 4091747.  |
| <b>5</b> 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) ..... |          |          |          |          |          | 49,869.   |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          | 4041878.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                        | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                   | 1688788. | 1417980. | 523,866. | 248,854. | 212,259. | 4091747.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....                                                        | 5,035.   | 58,650.  | 21,772.  | 33,527.  | 26,075.  | 145,059.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                    |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                      | 81,582.  | 127,510. | 75,872.  | 94,885.  | 139,892. | 519,741.                 |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                      |          |          |          |          |          | 4756547.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                      |          |          |          |          | 12       | 8,268,839.               |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                              | <b>14</b>                             | 84.98 % |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                    | <b>15</b>                             | 86.90 % |
| <b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                            | ▶ <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                         | ▶ <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | ▶ <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | ▶ <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                                  | ▶ <input type="checkbox"/>            |         |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                           | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                        |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|                                                                                                        |           |   |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                             |           |   |
|-------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>                                        |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                             |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                          |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> |  |  |
| <b>b</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? <i>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.</i>                                                                                                                              |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                   |  |  |

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

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

| <b>Section A - Adjusted Net Income</b> |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                      | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                                      | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                                      | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                                      | Add lines 1 through 3                                                                                                                                                                                    | 4              |                             |
| 5                                      | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                       | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                       | Subtract line 2 from line 1d                                                                                                    | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                             |
| 6                                       | Multiply line 5 by .035                                                                                                         | 6              |                             |
| 7                                       | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| <b>Section C - Distributable Amount</b> |                                                                                                                                                                           | (A) Prior Year | Current Year |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                     | 1              |              |
| 2                                       | Enter 85% of line 1                                                                                                                                                       | 2              |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                    | 3              |              |
| 4                                       | Enter greater of line 2 or line 3                                                                                                                                         | 4              |              |
| 5                                       | Income tax imposed in prior year                                                                                                                                          | 5              |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                              | 6              |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |              |

Schedule A (Form 990 or 990-EZ) 2016

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

| Section D - Distributions                                                                                                                                  | Current Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                             |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                             |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                         |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                         |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions                                                                               |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6                                                                                                 |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |              |
| <b>9</b> Distributable amount for 2016 from Section C, line 6                                                                                              |              |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                                           |              |

| Section E - Distribution Allocations (see instructions)                                                                                                                         | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2016 from Section C, line 6                                                                                                                   |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions                                                  |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2016:                                                                                                                       |                             |                                        |                                           |
| <b>a</b>                                                                                                                                                                        |                             |                                        |                                           |
| <b>b</b>                                                                                                                                                                        |                             |                                        |                                           |
| <b>c</b> From 2013                                                                                                                                                              |                             |                                        |                                           |
| <b>d</b> From 2014                                                                                                                                                              |                             |                                        |                                           |
| <b>e</b> From 2015                                                                                                                                                              |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through e                                                                                                                                            |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                           |                             |                                        |                                           |
| <b>h</b> Applied to 2016 distributable amount                                                                                                                                   |                             |                                        |                                           |
| <b>i</b> Carryover from 2011 not applied (see instructions)                                                                                                                     |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                                      |                             |                                        |                                           |
| <b>4</b> Distributions for 2016 from Section D, line 7: \$                                                                                                                      |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                           |                             |                                        |                                           |
| <b>b</b> Applied to 2016 distributable amount                                                                                                                                   |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4                                                                                                                             |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions                        |                             |                                        |                                           |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c                                                                                                            |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                   |                             |                                        |                                           |
| <b>a</b>                                                                                                                                                                        |                             |                                        |                                           |
| <b>b</b> Excess from 2013                                                                                                                                                       |                             |                                        |                                           |
| <b>c</b> Excess from 2014                                                                                                                                                       |                             |                                        |                                           |
| <b>d</b> Excess from 2015                                                                                                                                                       |                             |                                        |                                           |
| <b>e</b> Excess from 2016                                                                                                                                                       |                             |                                        |                                           |





**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

CHILD WELFARE LEAGUE OF AMERICA

Employer identification number

13-1641066

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

|                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>CHILD WELFARE LEAGUE OF AMERICA</b> | Employer identification number<br><b>13-1641066</b> |
|----------------------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | <br><hr/><br><hr/><br><hr/>       | \$ 10,850.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <br><hr/><br><hr/><br><hr/>       | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <br><hr/><br><hr/><br><hr/>       | \$ 15,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <br><hr/><br><hr/><br><hr/>       | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <br><hr/><br><hr/><br><hr/>       | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <br><hr/><br><hr/><br><hr/>       | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                                                    |                                                         |
|--------------------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>CHILD WELFARE LEAGUE OF AMERICA</b> | Employer identification number<br><br><b>13-1641066</b> |
|--------------------------------------------------------------------|---------------------------------------------------------|

**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____                                       | _____                |

|                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>CHILD WELFARE LEAGUE OF AMERICA</b> | Employer identification number<br><b>13-1641066</b> |
|----------------------------------------------------------------|-----------------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|-----------------------------------------|---------------------|------------------------------------------|-------------------------------------|
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**CHILD WELFARE LEAGUE OF AMERICA**

Employer identification number

**13-1641066**

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

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

2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_

4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                    | 17,000.                                         |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                     |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total lobbying expenditures (add lines 1a and 1b)                                                                                                 | 17,000.                                         |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other exempt purpose expenditures                                                                                                                 | 1,716,961.                                      |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total exempt purpose expenditures (add lines 1c and 1d)                                                                                           | 1,733,961.                                      |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                            | 236,698.                                        |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |                                                                                                                                                   | 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. |  |  |
| 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.                                                                                                                                      |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Grassroots nontaxable amount (enter 25% of line 1f)                                                                                               | 59,175.                                         |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Subtract line 1g from line 1a. If zero or less, enter -0-                                                                                         | 0.                                              |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Subtract line 1f from line 1c. If zero or less, enter -0-                                                                                         | 0.                                              |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? |                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b> |                                                            |          |          |          |           |            |
|-------------------------------------------------------------|------------------------------------------------------------|----------|----------|----------|-----------|------------|
| Calendar year<br>(or fiscal year beginning in)              | (a) 2013                                                   | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |            |
| <b>2a</b>                                                   | Lobbying nontaxable amount                                 | 317,826. | 244,143. | 241,367. | 236,698.  | 1,040,034. |
| <b>b</b>                                                    | Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |           | 1,560,051. |
| <b>c</b>                                                    | Total lobbying expenditures                                | 17,400.  | 15,691.  | 20,474.  | 17,000.   | 70,565.    |
| <b>d</b>                                                    | Grassroots nontaxable amount                               | 79,457.  | 61,036.  | 60,342.  | 59,175.   | 260,010.   |
| <b>e</b>                                                    | Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |           | 390,015.   |
| <b>f</b>                                                    | Grassroots lobbying expenditures                           | 17,400.  | 15,691.  | 20,474.  | 17,000.   | 70,565.    |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

|                                                                                                                                                                                                                                        | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                        | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....                                                                                                                                                                                                             |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..                                                                                                                               |     |    |        |
| <b>c</b> Media advertisements? .....                                                                                                                                                                                                   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....                                                                                                                                                                        |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....                                                                                                                                                                     |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               |     |    |        |
| <b>i</b> Other activities? .....                                                                                                                                                                                                       |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                          |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                       |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                              |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....                                                                                                                            |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|                                                                                                                                    | Yes      | No |
|------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                                        | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|                                                                                                                                                                                                                                                           |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                       |           |  |
| <b>a</b> Current year .....                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> Total .....                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....                                                                                                                                            | <b>3</b>  |  |
| <b>4</b> 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? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....                                                                                                                                                                   | <b>5</b>  |  |

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization CHILD WELFARE LEAGUE OF AMERICA Employer identification number 13-1641066

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and assets for financial gain, with dollar amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 75,000.          | 1,908,114.     | 1,908,114.         | 1,908,114.           | 1,908,114.          |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      | 324.                |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      | 324.                |
| f Administrative expenses                        |                  | 1,833,114.     |                    |                      |                     |
| g End of year balance                            | 75,000.          | 75,000.        | 1,908,114.         | 1,908,114.           | 1,908,114.          |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                                                                                                |                                      |                                 |                              |                |
| b Buildings                                                                                            |                                      |                                 |                              |                |
| c Leasehold improvements                                                                               |                                      |                                 |                              |                |
| d Equipment                                                                                            |                                      | 17,175.                         | 17,175.                      | 0.             |
| e Other                                                                                                |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 0.             |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives .....                                           |                |                                                           |
| (2) Closely-held equity interests .....                                   |                |                                                           |
| (3) Other .....                                                           |                |                                                           |
| (A)                                                                       |                |                                                           |
| (B)                                                                       |                |                                                           |
| (C)                                                                       |                |                                                           |
| (D)                                                                       |                |                                                           |
| (E)                                                                       |                |                                                           |
| (F)                                                                       |                |                                                           |
| (G)                                                                       |                |                                                           |
| (H)                                                                       |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |                                                           |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                             | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1)                                                                       |                |                                                           |
| (2)                                                                       |                |                                                           |
| (3)                                                                       |                |                                                           |
| (4)                                                                       |                |                                                           |
| (5)                                                                       |                |                                                           |
| (6)                                                                       |                |                                                           |
| (7)                                                                       |                |                                                           |
| (8)                                                                       |                |                                                           |
| (9)                                                                       |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |                                                           |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1)                                                                         |                |
| (2)                                                                         |                |
| (3)                                                                         |                |
| (4)                                                                         |                |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                    |                |
| (2) REFUNDS PAYABLE                                                         | 224,775.       |
| (3)                                                                         |                |
| (4)                                                                         |                |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 224,775.       |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

|          |                                                                                                |           |           |            |
|----------|------------------------------------------------------------------------------------------------|-----------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  | 1,816,822. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments                                                   | <b>2a</b> |           |            |
| <b>b</b> | Donated services and use of facilities                                                         | <b>2b</b> |           |            |
| <b>c</b> | Recoveries of prior year grants                                                                | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)                                                                 | <b>2d</b> |           |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                          |           | <b>2e</b> | 0.         |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                     |           | <b>3</b>  | 1,816,822. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)                                                                 | <b>4b</b> | -19,595.  |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                              |           | <b>4c</b> | -19,595.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  | 1,797,227. |

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

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

|          |                                                                                                 |           |           |            |
|----------|-------------------------------------------------------------------------------------------------|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 1,753,556. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
| <b>a</b> | Donated services and use of facilities                                                          | <b>2a</b> |           |            |
| <b>b</b> | Prior year adjustments                                                                          | <b>2b</b> |           |            |
| <b>c</b> | Other losses                                                                                    | <b>2c</b> |           |            |
| <b>d</b> | Other (Describe in Part XIII.)                                                                  | <b>2d</b> | 19,595.   |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                           |           | <b>2e</b> | 19,595.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                      |           | <b>3</b>  | 1,733,961. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |            |
| <b>b</b> | Other (Describe in Part XIII.)                                                                  | <b>4b</b> |           |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                               |           | <b>4c</b> | 0.         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 1,733,961. |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE PRINCIPAL AMOUNT OF THE DONATED ENDOWMENT FUNDS ARE TO REMAIN INTACT AND THE INCOME RECEIVED ON THESE FUNDS ARE TO BE USED FOR THE ANNUAL DR. ALEXANDER GRALNICK AWARD.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD -19,595.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF GOODS SOLD 19,595.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**CHILD WELFARE LEAGUE OF AMERICA**

Employer identification number  
**13-1641066**

**Part I Questions Regarding Compensation**

**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.

- |                                                                    |                                                                             |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                     |                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
|           |     |                                     |
| <b>1b</b> |     |                                     |
| <b>2</b>  |     |                                     |
|           |     |                                     |
| <b>4a</b> |     | <input checked="" type="checkbox"/> |
| <b>4b</b> |     | <input checked="" type="checkbox"/> |
| <b>4c</b> |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>5a</b> |     | <input checked="" type="checkbox"/> |
| <b>5b</b> |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>6a</b> |     | <input checked="" type="checkbox"/> |
| <b>6b</b> |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>7</b>  |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>8</b>  |     | <input checked="" type="checkbox"/> |
|           |     |                                     |
| <b>9</b>  |     |                                     |

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

Schedule J (Form 990) 2016





**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

CHILD WELFARE LEAGUE OF AMERICA

Employer identification number

13-1641066

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

YOUTH AND FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF PROFESSIONALS SEEKING THE LATEST RESEARCH AND BEST PRACTICE

INFORMATION TO HELP THEM ACHIEVE BETTER OUTCOMES FOR CHILDREN, YOUTH,

AND FAMILIES. CWLA PROVIDES PROFESSIONAL DEVELOPMENT

MATERIALS/TRAINING/ OR TOPIC SPECIFIC INSTITUTES FOR PROFESSIONALS FROM

NEARLY 50 STATES, THE DISTRICT OF COLUMBIA, AND IN MORE THAN 20

COUNTRIES. CWLA HAS DEVELOPED AND DISSEMINATED THE PRIDE MODEL OF

PRACTICE FOR THE DEVELOPMENT AND SUPPORT OF FOSTER AND ADOPTIVE PARENTS

AS PARTNERS IN CHILD PROTECTION IN 30 STATES AND 22 COUNTRIES. CWLA

SUPPORTS THE DEVELOPMENT OF STANDARDS OF EXCELLENCE IN CHILD WELFARE

SERVICES THAT PROVIDE PRACTICE GUIDANCE FOR PRACTITIONERS WHO CARE FOR,

TREAT AND EDUCATE VULNERABLE CHILDREN AND FAMILIES.

FORM 990, PART VI, SECTION A, LINE 2:

KEITH LIEDERMAN AND LARRY LIEDERMAN ARE SIBLINGS.

FORM 990, PART VI, SECTION A, LINE 6:

ANY AGENCY DIRECTLY ENGAGED IN PROVIDING SOCIAL SERVICES FOR CHILDREN AND

THEIR FAMILIES MAY BECOME A VOTING MEMBER UPON A DETERMINATION BY THE BOARD

OF DIRECTORS THAT SUCH AGENCY MEETS THE CONDITIONS OF MEMBERSHIP. EACH

MEMBER RECEIVES ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

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

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

Name of the organization

CHILD WELFARE LEAGUE OF AMERICA

Employer identification number

13-1641066

THE BOARD OF DIRECTORS ARE ELECTED BY A MAJORITY VOTE OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO BEING FILED, THE FORM 990 WAS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER, THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVED A COPY AND THE BOARD OF DIRECTORS REVIEWED THE RETURN PRIOR TO THE FILING DATE AND MADE ANY APPROPRIATE CHANGES DEEMED NECESSARY PRIOR TO FILING.

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

THE ORGANIZATIONS OFFICERS AND BOARD MEMBERS ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. THESE DISCLOSURES ARE REVIEWED BY THE EXECUTIVE COMMITTEE. INDIVIDUALS ARE REQUIRED TO FULLY DISCLOSE ALL ACTUAL AND POTENTIAL CONFLICTS. THE DISINTERESTED EXECUTIVE COMMITTEE MEMBERS DETERMINE IF A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE (IF ANY); HOWEVER, THE BOARD OF DIRECTORS HAS THE ULTIMATE ENFORCEMENT AUTHORITY WITH RESPECT TO THE CONFLICT OF INTEREST POLICY AND HAS THE RIGHT TO MODIFY OR REVERSE ANY DECISIONS MADE BY THE EXECUTIVE COMMITTEE. THE INTERESTED INDIVIDUAL(S) ARE RECUSED FROM PARTICIPATING AND VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION LEVEL WAS SET AT THE TIME OF HIRE BASED ON A REVIEW OF SALARIES OF COMPARABLE POSITIONS. THE EXECUTIVE COMMITTEE REVIEWS THE PRESIDENT'S PERFORMANCE ANNUALLY AND THE RESULTS OF THE REVIEW ARE REPORTED TO THE BOARD. ANY CHANGE IN COMPENSATION WOULD BE RECOMMENDED BY THE EXECUTIVE COMMITTEE FOR BOARD ACTION. THE RESULTS OF THE PERFORMANCE REVIEW

Name of the organization

CHILD WELFARE LEAGUE OF AMERICA

Employer identification number

13-1641066

AND ANY SALARY ADJUSTMENTS ARE DOCUMENTED IN A LETTER FROM THE CHAIRMAN OF THE BOARD TO THE PRESIDENT. A COMPENSATION COMMITTEE OF THE EXECUTIVE COMMITTEE REVIEWS SALARIES OF COMPARABLE NON-PROFIT ORGANIZATIONS BASED ON THEIR 990'S AND ALSO USED A SALARY SURVEY DONE BY THE NATIONAL ASSOCIATION OF ASSOCIATION EXECUTIVES. THIS SURVEY HAS A SECTION FOR NONPROFIT EXECS BROKEN OUT BY SIZE OF ORGANIZATION, AND LOCATION. THIS PROCESS OCCURS YEARLY.

OTHER OFFICER AND KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO WITHIN THE PARAMETERS OF THE BOARD APPROVED BUDGET. THE COMPENSATION SETTING PROCESS OCCURS ANNUALLY FOR THE APPROPRIATE INDIVIDUALS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, AZ, CA, CT, CO, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NM, NJ, NH, NY, NC, ND, OH  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 1

THE EXECUTIVE COMMITTEE CONSISTS OF THE ELECTED OFFICERS AND SUCH OTHER DIRECTORS AS THE BOARD OF DIRECTORS MAY ELECT. IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE ALL THE POWERS OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CHILD WELFARE LEAGUE OF AMERICA, EXCEPT WITH RESPECT TO THE ELECTION OR REMOVAL OF ANY OFFICER. THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY TO HIRE OR REMOVE THE PRESIDENT/CHIEF EXECUTIVE OFFICER, OR TO INCUR ANY MATERIAL FINANCIAL OBLIGATION ON BEHALF OF THE

Name of the organization

CHILD WELFARE LEAGUE OF AMERICA

Employer identification number

13-1641066

CORPORATION.

FORM 990, PART XII, LINE 2C

NO CHANGE IN OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning OCT 1, 2016, and ending SEP 30, 2017

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

|                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> | <p>Print<br/>or<br/>Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>CHILD WELFARE LEAGUE OF AMERICA</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>727 15TH STREET, NW, 12TH FLOOR</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>WASHINGTON, DC 20005</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/> <b>13-1641066</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)<br/> <b>541800</b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**C** Book value of all assets at end of year: **316,891.**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **ADVERTISING**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **RAY BIERRIA** Telephone number ▶ **202-688-4165**

| Part I Unrelated Trade or Business Income                                                 | (A) Income        | (B) Expenses | (C) Net  |
|-------------------------------------------------------------------------------------------|-------------------|--------------|----------|
| <b>1 a</b> Gross receipts or sales                                                        |                   |              |          |
| <b>b</b> Less returns and allowances                                                      |                   |              |          |
| <b>c</b> Balance                                                                          | <b>1c</b>         |              |          |
| <b>2</b> Cost of goods sold (Schedule A, line 7)                                          | <b>2</b>          |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                       | <b>3</b>          |              |          |
| <b>4 a</b> Capital gain net income (attach Schedule D)                                    | <b>4a</b>         |              |          |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 | <b>4b</b>         |              |          |
| <b>c</b> Capital loss deduction for trusts                                                | <b>4c</b>         |              |          |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)            | <b>5</b>          |              |          |
| <b>6</b> Rent income (Schedule C)                                                         | <b>6</b>          |              |          |
| <b>7</b> Unrelated debt-financed income (Schedule E)                                      | <b>7</b>          |              |          |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | <b>8</b>          |              |          |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | <b>9</b>          |              |          |
| <b>10</b> Exploited exempt activity income (Schedule I)                                   | <b>10</b>         |              |          |
| <b>11</b> Advertising income (Schedule J)                                                 | <b>11</b> 14,945. | 39,329.      | -24,384. |
| <b>12</b> Other income (See instructions; attach schedule)                                | <b>12</b>         |              |          |
| <b>13 Total.</b> Combine lines 3 through 12                                               | <b>13</b> 14,945. | 39,329.      | -24,384. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

|                                                                                                                                                      |                        |  |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)                                                                             | <b>14</b>              |  |            |
| <b>15</b> Salaries and wages                                                                                                                         | <b>15</b>              |  |            |
| <b>16</b> Repairs and maintenance                                                                                                                    | <b>16</b>              |  |            |
| <b>17</b> Bad debts                                                                                                                                  | <b>17</b>              |  |            |
| <b>18</b> Interest (attach schedule)                                                                                                                 | <b>18</b>              |  |            |
| <b>19</b> Taxes and licenses                                                                                                                         | <b>19</b>              |  |            |
| <b>20</b> Charitable contributions (See instructions for limitation rules)                                                                           | <b>20</b>              |  |            |
| <b>21</b> Depreciation (attach Form 4562)                                                                                                            | <b>21</b>              |  |            |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return                                                                            | <b>22a</b>             |  | <b>22b</b> |
| <b>23</b> Depletion                                                                                                                                  | <b>23</b>              |  |            |
| <b>24</b> Contributions to deferred compensation plans                                                                                               | <b>24</b>              |  |            |
| <b>25</b> Employee benefit programs                                                                                                                  | <b>25</b>              |  |            |
| <b>26</b> Excess exempt expenses (Schedule I)                                                                                                        | <b>26</b>              |  |            |
| <b>27</b> Excess readership costs (Schedule J)                                                                                                       | <b>27</b>              |  |            |
| <b>28</b> Other deductions (attach schedule)                                                                                                         | <b>SEE STATEMENT 1</b> |  | 1,100.     |
| <b>29 Total deductions.</b> Add lines 14 through 28                                                                                                  | <b>29</b>              |  | 1,100.     |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | <b>30</b>              |  | -25,484.   |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)                                                                            | <b>SEE STATEMENT 2</b> |  | <b>31</b>  |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30                                                 | <b>32</b>              |  | -25,484.   |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)                                                        | <b>33</b>              |  | 1,000.     |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | <b>34</b>              |  | -25,484.   |

**Part III Tax Computation**

|                                                                                                                                                                                                                           |                                                                                                                                                    |            |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:                     |                                                                                                                                                    |            |    |
| <b>a</b>                                                                                                                                                                                                                  | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____     |            |    |
| <b>b</b>                                                                                                                                                                                                                  | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____<br>(2) Additional 3% tax (not more than \$100,000) \$ _____ |            |    |
| <b>c</b>                                                                                                                                                                                                                  | Income tax on the amount on line 34                                                                                                                | <b>35c</b> | 0. |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |                                                                                                                                                    | <b>36</b>  |    |
| <b>37 Proxy tax.</b> See instructions                                                                                                                                                                                     |                                                                                                                                                    | <b>37</b>  |    |
| <b>38 Alternative minimum tax</b>                                                                                                                                                                                         |                                                                                                                                                    | <b>38</b>  |    |
| <b>39 Tax on Non-Compliant Facility Income.</b> See instructions                                                                                                                                                          |                                                                                                                                                    | <b>39</b>  |    |
| <b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies                                                                                                                                             |                                                                                                                                                    | <b>40</b>  | 0. |

**Part IV Tax and Payments**

|            |                                                                                                                                                                                                                          |            |    |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>41a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                                                                              | <b>41a</b> |    |
| <b>b</b>   | Other credits (see instructions)                                                                                                                                                                                         | <b>41b</b> |    |
| <b>c</b>   | General business credit. Attach Form 3800                                                                                                                                                                                | <b>41c</b> |    |
| <b>d</b>   | Credit for prior year minimum tax (attach Form 8801 or 8827)                                                                                                                                                             | <b>41d</b> |    |
| <b>e</b>   | <b>Total credits.</b> Add lines 41a through 41d                                                                                                                                                                          | <b>41e</b> |    |
| <b>42</b>  | Subtract line 41e from line 40                                                                                                                                                                                           | <b>42</b>  | 0. |
| <b>43</b>  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | <b>43</b>  |    |
| <b>44</b>  | <b>Total tax.</b> Add lines 42 and 43                                                                                                                                                                                    | <b>44</b>  | 0. |
| <b>45a</b> | Payments: A 2015 overpayment credited to 2016                                                                                                                                                                            | <b>45a</b> |    |
| <b>b</b>   | 2016 estimated tax payments                                                                                                                                                                                              | <b>45b</b> |    |
| <b>c</b>   | Tax deposited with Form 8868                                                                                                                                                                                             | <b>45c</b> |    |
| <b>d</b>   | Foreign organizations: Tax paid or withheld at source (see instructions)                                                                                                                                                 | <b>45d</b> |    |
| <b>e</b>   | Backup withholding (see instructions)                                                                                                                                                                                    | <b>45e</b> |    |
| <b>f</b>   | Credit for small employer health insurance premiums (Attach Form 8941)                                                                                                                                                   | <b>45f</b> |    |
| <b>g</b>   | Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total                                                                             | <b>45g</b> |    |
| <b>46</b>  | <b>Total payments.</b> Add lines 45a through 45g                                                                                                                                                                         | <b>46</b>  |    |
| <b>47</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>                                                                                                                        | <b>47</b>  |    |
| <b>48</b>  | <b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed                                                                                                                                  | <b>48</b>  | 0. |
| <b>49</b>  | <b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid                                                                                                                        | <b>49</b>  | 0. |
| <b>50</b>  | Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>                                                                            | <b>50</b>  |    |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

|           |                                                                                                                                                                                                                                                                                                                                                                |     |    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>51</b> | At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| <b>52</b> | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.                                                                                                                                                |     | X  |
| <b>53</b> | Enter the amount of tax-exempt interest received or accrued during the tax year \$                                                                                                                                                                                                                                                                             |     |    |

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **PRESIDENT & CEO** Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

|                               |                                                  |                              |                                 |                                                 |           |
|-------------------------------|--------------------------------------------------|------------------------------|---------------------------------|-------------------------------------------------|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                       | Preparer's signature         | Date                            | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | MARK P. S. EDWARD                                |                              |                                 |                                                 | P01554651 |
|                               | Firm's name <b>HERTZBACH &amp; COMPANY, P.A.</b> | Firm's EIN <b>52-1158459</b> |                                 |                                                 |           |
|                               | 1803 RESEARCH BLVD, #215                         |                              |                                 |                                                 |           |
|                               | Firm's address <b>ROCKVILLE, MD 20850</b>        |                              | Phone no. <b>(301) 315-2150</b> |                                                 |           |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|    |                                                 |    |  |   |                                                                                                                    |   |  |     |    |
|----|-------------------------------------------------|----|--|---|--------------------------------------------------------------------------------------------------------------------|---|--|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year                                                                                           | 6 |  |     |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  |   |  |     |    |
| 3  | Cost of labor                                   | 3  |  | 7 |                                                                                                                    |   |  |     |    |
| 4a | Additional section 263A costs (attach schedule) | 4a |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   |  | Yes | No |
| b  | Other costs (attach schedule)                   | 4b |  |   |                                                                                                                    |   |  |     |    |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |                                                                                                                    |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (1)                                                                                                                 |                                                                                                                                               |                                                                                               |
| (2)                                                                                                                 |                                                                                                                                               |                                                                                               |
| (3)                                                                                                                 |                                                                                                                                               |                                                                                               |
| (4)                                                                                                                 |                                                                                                                                               |                                                                                               |
| Total                                                                                                               | 0.                                                                                                                                            | Total 0.                                                                                      |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property                                                          | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |                                                                |                                                                     |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                                                   |                                                                                       | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                         |                                                                     |
| (1)                                                                                               |                                                                                       |                                                                              |                                                                |                                                                     |
| (2)                                                                                               |                                                                                       |                                                                              |                                                                |                                                                     |
| (3)                                                                                               |                                                                                       |                                                                              |                                                                |                                                                     |
| (4)                                                                                               |                                                                                       |                                                                              |                                                                |                                                                     |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                                              | 7. Gross income reportable (column 2 x column 6)               | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)                                                                                               |                                                                                       | %                                                                            |                                                                |                                                                     |
| (2)                                                                                               |                                                                                       | %                                                                            |                                                                |                                                                     |
| (3)                                                                                               |                                                                                       | %                                                                            |                                                                |                                                                     |
| (4)                                                                                               |                                                                                       | %                                                                            |                                                                |                                                                     |
| <b>Totals</b>                                                                                     |                                                                                       |                                                                              | Enter here and on page 1, Part I, line 7, column (A) <b>0.</b> | Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>      |
| <b>Total dividends-received deductions</b> included in column 8                                   |                                                                                       |                                                                              |                                                                | <b>0.</b>                                                           |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |                                                                                     |                                                          |
|------------------------------------|-----------------------------------|---------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |                                                   |                                     |                                                                                     |                                                          |
| (2)                                |                                   |                                                   |                                     |                                                                                     |                                                          |
| (3)                                |                                   |                                                   |                                     |                                                                                     |                                                          |
| (4)                                |                                   |                                                   |                                     |                                                                                     |                                                          |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                     |
|-------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| (1)               |                                                   |                                     |                                                                                      |                                                                                |
| (2)               |                                                   |                                     |                                                                                      |                                                                                |
| (3)               |                                                   |                                     |                                                                                      |                                                                                |
| (4)               |                                                   |                                     |                                                                                      |                                                                                |
|                   |                                                   |                                     | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b>     |                                                   |                                     | 0.                                                                                   | 0.                                                                             |

**Totals** 0. 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|-------------------------------------------------------|---------------------------------|---------------------------------------------------------|
| (1)                      |                     |                                                       |                                 |                                                         |
| (2)                      |                     |                                                       |                                 |                                                         |
| (3)                      |                     |                                                       |                                 |                                                         |
| (4)                      |                     |                                                       |                                 |                                                         |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b>            |                     | 0.                                                    |                                 | 0.                                                      |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|
| (1)                                  |                                                           |                                                                             |                                                                                                                        |                                                                     |                                      |                                                                                  |
| (2)                                  |                                                           |                                                                             |                                                                                                                        |                                                                     |                                      |                                                                                  |
| (3)                                  |                                                           |                                                                             |                                                                                                                        |                                                                     |                                      |                                                                                  |
| (4)                                  |                                                           |                                                                             |                                                                                                                        |                                                                     |                                      |                                                                                  |
|                                      |                                                           | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).                                                                   |                                                                     |                                      | Enter here and on page 1, Part II, line 26.                                      |
| <b>Totals</b>                        |                                                           | 0.                                                                          | 0.                                                                                                                     |                                                                     |                                      | 0.                                                                               |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--------------------------------------------|-----------------------------|-----------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| (2)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| (3)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| (4)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| <b>Totals (carry to Part II, line (5))</b> |                             | 0.                          | 0.                                                                                         |                       |                     | 0.                                                                                |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                    | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------------|-----------------------------|-----------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1) CWLA JOURNAL                         | 1,040.                      | 22,814.                     | -21,774.                                                                                   |                       |                     |                                                                                   |
| (2) CWLA CONFERENCE                      | 13,905.                     | 16,515.                     | -2,610.                                                                                    |                       |                     |                                                                                   |
| (3)                                      |                             |                             |                                                                                            |                       |                     |                                                                                   |
| (4)                                      |                             |                             |                                                                                            |                       |                     |                                                                                   |
| <b>Totals from Part I</b> .....          | <b>0.</b>                   | <b>0.</b>                   |                                                                                            |                       |                     | <b>0.</b>                                                                         |
| <b>Totals, Part II (lines 1-5)</b> ..... | <b>14,945.</b>              | <b>39,329.</b>              |                                                                                            |                       |                     | <b>0.</b>                                                                         |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name                                                        | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|----------------------------------------------------------------|----------|----------------------------------------|----------------------------------------------------|
| (1)                                                            |          | %                                      |                                                    |
| (2)                                                            |          | %                                      |                                                    |
| (3)                                                            |          | %                                      |                                                    |
| (4)                                                            |          | %                                      |                                                    |
| <b>Total. Enter here and on page 1, Part II, line 14</b> ..... |          |                                        | <b>0.</b>                                          |

| FORM 990-T                           | OTHER DEDUCTIONS | STATEMENT 1 |
|--------------------------------------|------------------|-------------|
| DESCRIPTION                          |                  | AMOUNT      |
| TAX PREPARATION FEES                 |                  | 1,100.      |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 |                  | 1,100.      |

| FORM 990-T                        | NET OPERATING LOSS DEDUCTION |                         |                | STATEMENT 2         |
|-----------------------------------|------------------------------|-------------------------|----------------|---------------------|
| TAX YEAR                          | LOSS SUSTAINED               | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 09/30/12                          | 5,123.                       | 3,110.                  | 2,013.         | 2,013.              |
| 09/30/13                          | 7,079.                       | 0.                      | 7,079.         | 7,079.              |
| NOL CARRYOVER AVAILABLE THIS YEAR |                              |                         | 9,092.         | 9,092.              |