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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u> </u>	or the	2011 calendar year, or tax year beginning	and	ending					
В	Check if	C Name of organization			D Employer identific	cation number			
á		JACK & MARCI WILLIAMS I	ENDOWMENT FOR						
	Addres change	FI WEDNESDAY'S CHILD, INC.							
X	Name change	Doing Business As			04-3	500449			
	lnıtıal return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone number	7			
	Termin ated	P.O. BOX 136			781-	647-7834			
	Ameno	City or town, state or country, and ZIP + 4			G Gross receipts \$	1,638,485.			
	Application				H(a) Is this a group return				
	pendin	F Name and address of principal officer JACE	K B. WILLIAMS		for affiliates?	Yes X No			
		121 ROLLING LANE, WESTON			H(b) Are all affiliates inc				
1	Tax-exe			or 527	· '	list (see instructions)			
		e: NWW.JACKWILLIAMSWEDNESI		<u> </u>	H(c) Group exemptio				
			sociation Other >	1 Year		State of legal domicile: MA			
	art I	Summary		I L Tour	oriorination, 2000 i	Otate or legal definitions 1221			
<u></u>		Briefly describe the organization's mission or most	eignificant activities CFF	SCHEDI	T.F O	· · · · · · · · · · · · · · · · · · ·			
Se	1	Briefly describe the organization's mission of most	significant activities SEE	BCIIEDC	<u> </u>				
JUL I © CUIL Activities & Governance		Object About Assessment on discount	traved its specifical or dispo	and of more	than 25% of its not as	nosto			
₹	1 -		tinued its operations or dispo	isea oi more					
Ξģ		Number of voting members of the governing body (•		3	9			
्रॅळ	II.	Number of independent voting members of the gov			4	9			
် Ses		Total number of individuals employed in calendar ye	ear 2011 (Part V, line 2a)		5	0			
₹ 	6	Total number of volunteers (estimate if necessary)			6	30			
ᅻᅗ	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		<u>7a</u>	0.			
₹`	b	Net unrelated business taxable income from Form 9	990-T, line 34		7b	0.			
2			DE 100-00-0		Prior Year	Current Year			
Revenue Revenue	8	Contributions and grants (Part VIII, line 1h)	EIVED		522,213.	470,606.			
₽ĕ		Program service revenue (Part VIII, Ing 2g)	SO		0.	0.			
₹ 🕏		Investment income (Part VIII, columnità), lines 3 4.	انتا		186,681.	196,289.			
ڲۣڒڐ		Other revenue (Part VIII, column (A) lines 5, 6d, 8c,			1,486.	19,871.			
D)		Total revenue add lines 8 through (11 (must equal)			710,380.	686,766.			
					329,650.	344,900.			
	1	Grants and similar amounts paid (Part IX, column (A							
		Benefits paid to or for members (Part IX, column (A)	•		0.	0.			
es	15	Salaries, other compensation, employee benefits (F			0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), lii			0.	0.			
Š	b	Total fundraising expenses (Part IX, column (D), line	25) \rightarrow 42,9	51.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)	<u> </u>	69,567.	64,494.			
	18	Total expenses Add lines 13-17 (must equal Part I)	K, column (A), line 25)		399,217.	409,394.			
	19	Revenue less expenses Subtract line 18 from line	12		311,163.	277,372.			
9	3			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)			3,885,774.	4,093,170.			
Αğ.	21	Total liabilities (Part X, line 26)			6,181.	4,877.			
Net Assets or Find Balances	22	Net assets or fund balances Subtract line 21 from	line 20		3,879,593.	4,088,293.			
P	art II	Signature Block							
		lities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of m	v knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than office				,			
	, 00,100	A and complete boundary or property (cites that office			/				
Sig		Signature of officer		21	Date	7 7			
			IDENT / Well	را (ا	In	7/2/17			
He	re	Type or print name and title	IDENI TOU			111/1			
		· · · · · · · · · · · · · · · · · · ·	Dragarata aggatura	Ti	Date Check	PTIN			
Da:		l	Preparer's signature	· ·		'			
Pai			PETER P. VOCATU		06/27/12 self-employ				
	parer		OLO & CO., P.C.		Firm's EIN	04-3143185			
USE	Only	Firm's address 1275 MAIN STREET	1 1760			04 648 0000			
		WALTHAM, MA 0245			Phone no. 7	81-647-9339			
Ma	y the II	RS discuss this return with the preparer shown abo				X Yes No			
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notic	e, see the separate instructi	ions.		Form 990 (2011)			
					/i i	6.20			
					9)(W W			
					-				

132002

4d Other program services (Describe in Schedule O)

Total program service expenses

including grants of \$

344,900.

Page 3

JACK & MARCI WILLIAMS ENDOWMENT FOR Form 990 (2011) WEDNESDAY'S CHILD, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			[
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<u></u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	\ •	}
	Part VI	11a	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_^_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			ĺ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4.7		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	X
18		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		 -
19	complete Schedule G, Part III	19	X	
20°	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 **	Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990 ((2011)
			,	. ,

Form 990 (2011) WEDNESDAY'S CHILD, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36	;	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 Part V

(2011)	WEDNESDAY'S	CHILD,	INC.	
Statements	Regarding Other IR	S Filings a	nd Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			İ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts.			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5¢		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			7.7
	any contributions that were not tax deductible?		_6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or giπs	0 1-		į
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vided provided to the payor	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
Ŭ	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.				l
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a		:	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ĺ
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b		1 1			ĺ
	organization is licensed to issue qualified health plans	13b			ĺ
C	Enter the amount of reserves on hand	13c			37
14a	7. 7	• 0	14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	8 O	14b Form	990 (20111
			+ 01111	(LU11)

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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 to any question in this Part VI					LX
Sec	tion A. Governing Body and Management					
		1 1	_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		,			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	iny other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3	77	X
4	Did the organization make any significant changes to its governing documents since the prior Form		s filed?	4	X	37
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	_		7.7
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stookbo	ldoro or	7a		<u>X</u>
Ь	persons other than the governing body?	SIOCKIIO	iders, or	7.		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	fallowing	7b		
8	The governing body?	ar by the	Tollowing.	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	-	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached a	t the	-00		-21
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	a		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue	Code)	, ,		
			· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befor	e filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conf	icts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	scnbe			
	ın Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approv		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		l		
	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	mont	th a			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?	ment W	uid	46-		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ita ite n	articipation	16a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of the organization of the organi	•	•			
	exempt status with respect to such arrangements?	mzatioi	. 3	16b		
Sec	tion C. Disclosure			1 100		
17	List the states with which a copy of this Form 990 is required to be filed ►MA_					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section	on 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply		, , , , , , , , , , , , , , , , ,			
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict o	f interest policy, ar	d finar	icial	
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd reco	rds of the organiza	tion 🕨	·	
	MARCELLE P. WILLIAMS - 781-647-7834				····	
13200	121 ROLLING LANE, WESTON, MA 02493		<u></u>			
13200				Form	990 (2011)

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

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

- 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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JACK B. WILLIAMS	15.00							_		_
PRESIDENT/DIRECTOR	15.00	X		X	<u> </u>	-	_	0.	0.	0.
(2) MARCELLE P. WILLIAMS	F 00	,,		37						
VICE PRESIDENT/DIRECTOR	5.00	X		X	 	-	-	0.	0.	0.
(3) SUSAN PETERSEN	0.00	х		Х				_		
SECRETARY/DIRECTOR	0.00	Λ		Λ		 	 	0.	0.	0.
(4) TOM WARDEN	0.00	х						0.	0.	_
DIRECTOR (5) BILL ZANKE	0.00	Λ				-		<u> </u>	U •	0.
DIRECTOR	0.00	х						0.	0.	0.
(6) JOHN COLLINS	0.00							<u> </u>	0.	<u> </u>
TREASURER/DIRECTOR	0.00	х		х				0.	0.	0.
(7) JOHN MADISON										
DIRECTOR	0.00	X						0.	0.	0.
(8) DIANE MADISON										
DIRECTOR	0.00	X						0.	0.	0.
(9) AMY COLLINS										
DIRECTOR	0.00	X						0.	0.	0.
					,					
		-								

Form 990 (2011)

JACK	δc	MARCI	. MTTTT&	MS	ENDOMMENT	r
WEDNE	SD	AY'S	CHILD.	INC	!	

rai,	Section A. Officers, Directors, Tr		mple	oyee			High	est						
	(A)	(B)	(C) Position (do not check more than one box, unless person is both an						(D)	(E)		_	(F)	
	Name and title	Average hours per							Reportable	Reportable	- 1		timate	-
		week			ss pe id a d				compensation from	compensation from related			ount other	Oī
		(describe	į						the	organization	1		pensa	tion
		hours for	director			:	2		organization	(W-2/1099-MIS			om th	
		related	tee or	stee			ansate		(W-2/1099-MISC)	•	·	orga	anızat	ion
		organizations	l trus	nai tri		oyee	d mo					and	l relat	ed
		in Schedule	Individual	Institutional trustee	5	Key employee	Highest compensated employee	Former	1	1	}	orga	nızatı	ons
		0)	르	lsu	Officer	Ş.	물통	Ğ	<u> </u>					
											ĺ			
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						1								
1h	Sub-total		I		<u> </u>	<u> </u>	-	<u> </u>	0.		0.			0.
	Total from continuation sheets to Part \	/II Section A							0.	<u></u>	0.			0.
	Total (add lines 1b and 1c)	ii, occion A							0.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	ed al	hovi	e) wi			000 of reportable				
_	compensation from the organization				, u		٠, …			,ooo oi roportab	•			C
							-						Yes	No
3	Did the organization list any former office	r, director, or tri	uste	e, ke	у ел	nplo	yee	, or	highest compensated ei	mployee on	ſ			
	line 1a? If "Yes," complete Schedule J for					•	•	,	•	, .,.		3		X
4	For any individual listed on line 1a, is the s			omp	ensa	ation	n and	to t	her compensation from	the organization	Ì			
	and related organizations greater than \$15									J		4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	ſ			
	rendered to the organization? If "Yes," con	nplete Schedui	le J f	or s	uch	pers	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest c	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	ation fr	om	
	the organization Report compensation for	r the calendar y	ear	endı	ng v	vith	or w	ıthır	the organization's tax	/ear				
	(A)								(B)			(C		
	Name and busines	s address	N	INC	<u> </u>			_	Description of s	ervices	C	ompen	satio	<u> </u>
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										1				
	Total number of independent continue.	(noludies but a		mits	d to	+ h	00 1		Laboura) who sees and it					
2	Total number of independent contractors		IUI II	HIICO	01 U		_	sted	above) who received m	ore than				
	\$100,000 of compensation from the organ	nzation -			_		0	-				 ,	200	
											,	Form 9	790 (2	2011)

Form 990 (2011) WEDNESD Part VIII Statement of Revenue WEDNESDAY'S CHILD, INC.

<u></u>					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	1b 1c 194 1d 1e 1e	1,241. 1,020.				
Contribut and Othe	-	similar amounts not included about the similar amounts not included in lines Total. Add lines 1a-1f		5,345. •	470,606.			
rvice	2 a b			ness Code				
Program Service Revenue	c d e							
Pro	f 9	All other program service reve Total. Add lines 2a-2f		>				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		>	187,280.			187,280.
	6 a	_	(i) Real (ii)	Personal			,	
	c d	Rental income or (loss) Net rental income or (loss)		•				
		Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities (i) 913,214.	i) Other	:			
a	d	Gain or (loss) Net gain or (loss) Gross income from fundraisin	9,009.		9,009.	9,009.		
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses	120 • of 1c) See	5,625. 7,514.				
ŏ	С	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	draising events	,314. ► L,760.	-41,889.			-41,889.
	С	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less	<u> </u>	>	61,760.	61,760.		
	b	and allowances Less: cost of goods sold Net income or (loss) from sale	a b	.				
-	11 a	Miscellaneous Revenu	e Busi	ness Code			-	
	b c d	All other revenue						
13200	12 9	Total. Add lines 11a-11d Total revenue See instructions.		>	686,766.	70,769.	0.	145,391.

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	344,900.	344,900.	gerrorarexportses	- OAPONSOS
2	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in	344,900.	344,300.		
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			1	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	774			
b	Legal	774.		774.	
C	Accounting	11,190.		11,190.	
d	Lobbying Draftgarianal fundrariana carriaga. Can Bart IV lina 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees	5,058.		5,058.	
f	Other	3,030.		3,030.	
g 12	Advertising and promotion				
13	Office expenses	2,817.		2,817.	
14	Information technology			2,02,1	
15	Royalties				
16	Occupancy				
17	Travel	3,422.			3,422
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,137.		1,137.	
23	Insurance				
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)	į			
	amount, list line 24e expenses on Schedule 0.)	19,145.			10 145
a	DONOR RELATIONS SUPPLIES AND POSTAGE	11,564.			19,145
b c	CREDIT CARD FEES	3,723.			11,564 3,723
d	WEBSITE	3,022.		302.	2,720
	All other expenses	2,642.		265.	2,720
25	Total functional expenses. Add lines 1 through 24e	409,394.	344,900.	21,543.	42,951
26	Joint costs. Complete this line only if the organization			22/010	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 01-23-12				Form 990 (2011

WEDNESDAY'S CHILD, INC.

Pai	rt X	Balance Sheet		
			(A) Beginning of year	(B) End of year
	1	Cash · non-interest-bearing	1	
	2	Savings and temporary cash investments	191,141. 2	369,634.
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Receivables from current and former officers, directors, trustees, key		
		employees, and highest compensated employees Complete Part II		
		of Schedule L.	5	
	6	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		
1 0		employees' beneficiary organizations (see instructions)	6	
Assets	7	Notes and loans receivable, net	7	
Ass	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment cost or other		
		basis Complete Part VI of Schedule D 10a 14, 0		
	b	Less. accumulated depreciation 10b 11,7		2,319.
	11	Investments - publicly traded securities	3,691,177. 11	3,721,217.
	12	Investments - other securities See Part IV, line 11	12	
	13	Investments · program-related See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets See Part IV, line 11	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,885,774. 16	4,093,170.
	17	Accounts payable and accrued expenses	6,181. 17	4,877.
	18	Grants payable	18	
	19	Deferred revenue	19	<u></u>
	20	Tax-exempt bond liabilities	20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees	1	
ië.		highest compensated employees, and disqualified persons Complete Part		
_		of Schedule L	22	
	23	Secured mortgages and notes payable to unrelated third parties	23	
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third	_	
		parties, and other liabilities not included on lines 17-24) Complete Part X of	1	
		Schedule D	6,181. 26	1 077
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here		4,877.
		•	re	
Š		lines 27 through 29, and lines 33 and 34.	3,879,593. 27	4,088,293.
a	27	Unrestricted net assets		4,000,293.
Ва	28	Temporarily restricted net assets Permanently restricted net assets	28	
Ę	29	·		
Ē		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.		
83	20	Capital stock or trust principal, or current funds	20	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	32	
Š	33	Total net assets or fund balances	3,879,593.33	4,088,293.
	34	Total liabilities and net assets/fund balances	3,885,774. 34	4,093,170.
	,	Total national of the about the balances		Form 990 (201

Form **990** (2011)

Form:	990 (2011) WEDNESDAY'S CHILD, INC.	<u> 04-35</u>	<u>00449</u>	Pag	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>686</u>	<u>5,7</u>	<u>66.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	409	9,3	94.	
3	Revenue less expenses Subtract line 2 from line 1	3	27	7,3	72.	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 3					
5						
_6						
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				ᆜ	
				Yes	No	
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					
if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	b Were the organization's financial statements audited by an independent accountant?					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a						
	separate basis, consolidated basis, or both.			ĺ		
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt				
	Act and OMB Circular A-133?		3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2011)

· SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

JACK & MARCI WILLIAMS ENDOWMENT FOR

Employer identification number

-				INC.					04	-3500449
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t) See inst	tructions.	. <u>-</u>	
The orga	anization is not a	a private foundation	because it is (For lines 1	through '	11, check d	only one b	ox)			
1 🗀	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).		
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E)						
з 🗔	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).			
4 🗀	A medical res	search organization (perated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(i	iı). Enter th	ne hospital's name,
	city, and stat	e.								
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a govern	mental un	t describe	d in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6 🗀	A federal, sta	ite, or local governm	ent or governmental unit	describe	d in sectio	n 170(b)(1	I)(A)(v).			
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic described in
	_	b)(1)(A)(vi). (Comple		,						
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vı). ((Complete	Part II)					
9 🗀] An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fi	om contri	butions, m	nembersh	p fees, an	d gross receipts from
	activities rela	ited to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross investment
	income and i	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 30, 1975
	See section	509(a)(2). (Complete	Part III)							
10] An organizati	ion organized and op	perated exclusively to tes	st for publ	ic safety S	See sectio	n 509(a)(4	1).		
11 🗔	An organizati	ion organized and op	perated exclusively for th	ne benefit :	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	ourposes of one or
	more publicly	y supported organiza	itions described in section	on 509(a)(1) or section	n 509(a)(2	2). See se c	ction 509(a)(3). Che	ck the box that
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h				
	_ a		- ··		e III - Func	•	•			Type III · Other
e 🖳	By checking	this box, I certify tha	t the organization is not	controlled	durectly o	r indirectly	by one o	r more dis	qualified p	ersons other than
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)									
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III		
		rganization, check th								Ĺ
g	•		organization accepted ar			-				
	• • •		irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and ((III) below,	Yes No
	-	-	upported organization?							11g(ı)
	• •	•	n described in (i) above?		_					11g(iı)
	• •		person described in (i) o							11g(ni)
h	Provide the f	ollowing information	about the supported org	ganization	(S)					
		T	(iii) Type of	h				(vi) ls	the	
	ne of supported	(ii) EIN	1 ' ' ' '		organization sted in your		inotity the	organizati	on in col	(vii) Amount of
01	rganization	}	(described on lines 1-9		document?		support?	(ı) organız U.S	red in the	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
	_		(oco mondonomo)/	100	110	100	110	1.03		
		}								
				 						
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	·									
								<u> </u>		
Total		L	<u> </u>					L		

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

JACK & MARCI WILLIAMS ENDOWMENT FOR

Schedule A (Form 990 or 990-EZ) 2011 WEDNESDAY'S CHILD, INC. 04-3500449 Page 2

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants ")	272,402.	655,914.	640,729.	527,462.	476,231.	2572738.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	272,402.	655,914.	640,729.	527,462.	476,231.	2572738.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)			-			232,729.		
	Public support. Subtract line 5 from line 4						2340009.		
	Section B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Amounts from line 4	272,402.	655,914.	640,729.	527,462.	476,231.	2572738.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	127 [12	152 602	170 044	175 174	107 200	004 414		
_	and income from similar sources	13/,513.	153,603.	1/0,844.	1/5,1/4.	187,280.	824,414.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
טר	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part IV.)								
44	Total support. Add lines 7 through 10						3397152.		
	Gross receipts from related activities,	etc (see instruction	nne)		J	12	101,360.		
	First five years. If the Form 990 is for			d fourth or fifth ta	ax vear as a sectio		101,300.		
13	organization, check this box and stop		s mat, occorra, irm	a, 10a/11, 01 mar 1	ax your do d decilo	11 00 1(0)(0)	ightharpoonup		
Sec	ction C. Computation of Publ		rcentage						
	Public support percentage for 2011 (olumn (f))		14	68.88 %		
	Public support percentage from 2010		•	.,,		15	70.57 %		
	33 1/3% support test - 2011. If the			n line 13, and line	14 is 33 1/3% or m	nore, check this bo			
	stop here. The organization qualifies	=					$\triangleright \boxed{\mathbf{x}}$		
b	33 1/3% support test - 2010. If the	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation					
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	nere. Explain in Pai	rt IV how the organ	ization		
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ¹	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	ın Part IV how the			
	organization meets the "facts-and-cire	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anization	▶□		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	ind see instructions	s 🕨		

132022 01-24-12 Schedule A (Form 990 or 990-EZ) 2011

Section A. Public Support

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

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

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010		e) 2011	(f) Tota	<u>l</u>
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")								
2	Gross receipts from admissions,								
	merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-				}				
	iness under section 513					ļ			
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf					<u> </u>			
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5					 -			
7 8	Amounts included on lines 1, 2, and								
	3 received from disqualified persons				-				
) Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year					+			
	Add lines 7a and 7b					+			
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	<u> </u>	1	l	1			
		(a) 2007	(b) 2008	(c) 2009	(d) 2010	1 4	e) 2011	(f) Tota	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(6) 2009	(0) 2010	1	e) 2011	(1) 1018	<u></u> .
_	Gross income from interest,					1			
100	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources					j			
	Unrelated business taxable income					1			
•	(less section 511 taxes) from businesses					1			
	acquired after June 30, 1975		1						
•	Add lines 10a and 10b								
	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
12	Other income Do not include gain							*****	
	or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501	(c)(3) organiz	ation,	
	check this box and stop here								
Se	ction C. Computation of Publ	ic Support Pe	rcentage		· - · · · · · · · · · · · · · · · · · ·				
15	Public support percentage for 2011 (line 8, column (f) d	ivided by line 13,	column (f))		15			%
16	Public support percentage from 2010					16			%
<u>Se</u>	ction D. Computation of Inve	•							
17	Investment income percentage for 20)11 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17			%
18	Investment income percentage from					18			%
19	a 33 1/3% support tests - 2011. If the						%, and line 1	7 is not	
	more than 33 1/3%, check this box a	•	•		•			•	
ı	b 33 1/3% support tests - 2010. 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	on did not check a	box on line 14, 19	a, or 19b, check t					<u> </u>
					C.	n ^ di . l .	A (Earm OO		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

JACK & MARCI WILLIAMS ENDOWMENT FOR

Employer identification number 04-3500449

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin		to complete in the				
	organization anomorous 100 to 1011 000, 1 at 11, int	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year		(0)				
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets hold in depar advised for	unde				
3	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a	_					
0	for charitable purposes and not for the benefit of the donor of		•				
	impermissible private benefit?	or donor advisor, or for any other purpose confe					
Pa		ganization answered "Ves" to Form 990. Part IV	/ line 7				
1	Purpose(s) of conservation easements held by the organizat		, me /				
'	Preservation of land for public use (e.g., recreation or e		ally improved and larger				
	Protection of natural habitat	education) Preservation of an historical Preservation of a certified I					
	Preservation of open space	rieservation of a certified i	listone structure				
2	Complete lines 2a through 2d if the organization held a quali	find appearation contribution in the form of a					
2	day of the tax year	med conservation contribution in the form of a t	conservation easement on the last				
	day of the tax year		Held at the End of the Tax Year				
	Total number of conservation easements						
b	Total acreage restricted by conservation easements		2a				
C	Number of conservation easements on a certified historic str	ructure included in (a)	2b 2c				
٦	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure						
u	listed in the National Register						
3	Issted in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the ta						
•	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe						
	violations, and enforcement of the conservation easements i	<u> </u>	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and	•	· · · — · · · · · · · · · · · · · · · ·				
8	Does each conservation easement reported on line 2(d) above						
_	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense state					
	include, if applicable, the text of the footnote to the organiza						
	conservation easements		· 9				
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.				
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,				
	historical treasures, or other similar assets held for public ext		· · · · · · · · · · · · · · · · · · ·				
	the text of the footnote to its financial statements that descri	ibes these items					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ea						
	relating to these items						
	(i) Revenues included in Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		► \$ ► \$				
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	, provide				
	the following amounts required to be reported under SFAS 1						
а	Revenues included in Form 990, Part VIII, line 1		> \$				
b	Assets included in Form 990, Part X		► \$ ► \$				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

JACK & MARCI WILLIAMS ENDOWMENT FOR

		Y'S CHILD								Page 2
Pai	t III Organizations Maintaining Co	ollections of Ar	rt, Hist	orical Tre	easures, c	or Othe	r Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessio	n, and other record	ls, check	any of the	following tha	t are a sig	ınıfıcant ı	use of its	collection	items
	(check all that apply)									
а	Public exhibition	d	ւ 🗀 ւ	oan or excl	nange progra	ıms				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	llections and explair	n how the	ey further th	ne organizatio	on's exem	pt purpo	se in Par	t XIV	
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	sures, or othe	er similar :	assets			
	to be sold to raise funds rather than to be mai	intained as part of t	he organ	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered '	'Yes" to F	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Part			•						
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for c	contribution	s or other as	sets not i	ncluded			
	on Form 990, Part X?		•						Yes	☐ No
b	b If "Yes," explain the arrangement in Part XIV and complete the following table									
_		,	J						Amount	
С	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 Fo	rm 990. Part X. line	21?						Yes	No.
	If "Yes," explain the arrangement in Part XIV							·		
Par		the organization an	swered '	'Yes" to Fo	rm 990, Part	IV, line 10).			
	·	(a) Current year		nor year	(c) Two year			ears back	(e) Four v	ears back
1a	Beginning of year balance		(-)	,	(4)	<u> </u>			(3): 33:)	
b	Contributions									
c	Net investment earnings, gains, and losses									
4	Grants or scholarships									
e	Other expenditures for facilities			-						
•	and programs									
f	Administrative expenses									
'	End of year balance									
9 2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1c	r column (a)) held as					
a	Board designated or quasi-endowment	one your one balano	%	y, 00iaiiii (0	yy noid do					
a h	Permanent endowment									
	Temporarily restricted endowment	^~ %								
·	The percentages in lines 2a, 2b, and 2c shoul									
3a	Are there endowment funds not in the posses		ation tha	t are held a	nd administe	red for th	e organiz	ation		
Ou	by	50.011 01 1.10 01 gar.nz.			ina aanimiigio		o organiz	4.1011	5	es No
	(i) unrelated organizations								3a(ı)	1.00
	(ii) related organizations								3a(II)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	ule R?					3b	
4	Describe in Part XIV the intended uses of the	•								
	t VI Land, Buildings, and Equipme						•			
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
	Social distribution of property	basis (investr	I		(other)		reciation	<u> </u>	(u) Doon	va.do
19	Land				. ,					
	Buildings								·	
	Leasehold improvements				1					
	Equipment				7,961.		5,6	42.	2	,319.
	Other				$\frac{7}{6},135$.		6,1			0.
	Add lines 1a through 1e (Column (d) must ec	rual Form 000 Part	Y colum				<u> </u>			319

Schedule D (Form 990) 2011

1. (a) Description of Hability (b) Book Value

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's fliability for uncertain tax positions under 2. FIN 48 (ASC 740)

01-23-12

(11)

JACK & MARCI WILLIAMS ENDOWMENT FOR

	dule D (Form 990) 2011 WEDNESDAY'S CHILD, INC.			04-3	<u>3500449</u>	Page 4
Par		Audite	d Financial Stat	tement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			<u>,766.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			394.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			<u>.372.</u>
4	Net unrealized gains (losses) on investments		4		-68	<u>672.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			672.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		208	700.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wit	th Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1	665	608.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a	-68,672	<u>.</u>]		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d	47,514	.		
е	Add lines 2a through 2d		<u> </u>	2e	-21	158.
3	Subtract line 2e from line 1			3		766.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		7		
	Add lines 4a and 4b	- 70 1		40		0.
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	686	766.
5 Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	ith Expenses ne		n 000	700.
	Total expenses and losses per audited financial statements		till Expollogo po			908.
1	•			1	430	, 300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 0- 1				
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	· ·	-		
С	Other losses	2c	45 514	-		
ď	Other (Describe in Part XIV.)	_2d	47,514	-		
е	Add lines 2a through 2d			2e		514.
3	Subtract line 2e from line 1			3	409	394.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		⊣		
b	Other (Describe in Part XIV)	4b		-		
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	409	<u> 394.</u>
Par	t XIV Supplemental Information		, = :			
•	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp					4, Part
	RT XII, LINE 2D - OTHER ADJUSTMENTS: IDRAISING EVENTS DIRECT EXPENSES (PAGE 9, 1	PART	VIII, LINE			
<u>8B)</u>						
PAF	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
FUN	NDARAISING EVENTS DIRECT EXPENSES (PAGE 9,	PART	VIII,			
LIN	NE 8B)					
132054 01-23-	I 12			Schedu	ule D (Form 9	90) 2011

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

→ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

JACK & MARCI WILLIAMS ENDOWMENT FOR

Employer identification number

<u>WEDNESD</u>	AY'S CHILD, INC.				<u> </u>	449
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	ered "Y	'es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using d ding of ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				•		
		<u> </u>				
otal			>			
3 List all states in which the organizatio or licensing	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
					· · · · · · · · · · · · · · · · · · ·	
		-				
		<u> </u>				

132081 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

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

JACK & MARCI WILLIAMS ENDOWMENT FOR

Sche Pa		le G (Form 990 or 990 EZ) 2011 WEDNESD I Fundraising Events. Complete if the				3500449 Page 2
		of fundraising event contributions and gr				
			(a) Event #1 SKI RACE	(b) Event #2 FUNDRAISING DINNER	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	119,445.			199,645
	2	Less Charitable contributions	119,445.	74,575.		194,020
	3	Gross income (line 1 minus line 2)		5,625.		5,625
	4	Cash prizes				
	5	Noncash prizes				
populady soon	6	Rent/facility costs				
300	7	Food and beverages				
١	8	Entertainment				
	9	Other direct expenses	32,867.	14,647.		47,514
-	10	, ,				(47,514
	11 rt I	Net income summary Combine line 3, column lill Gaming. Complete if the organization	n (d), and line 10	200 Part IV line 10 or	reported more than	-41,889
a		\$15,000 on Form 990-EZ, line 6a	alisweled tes to rolli	1 330, Fart IV, line 13, 01 1	reported more than	
		ψ10,000 011 0111 000 EE, 1110 0α		(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c
PARIDA						
_	1	Gross revenue			61,760.	61,760
202	2	Cash prizes				
Sociody	3	Noncash prizes				
חופרו	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	X Yes 100 %	į
	6	Volunteer labor	∟ No	No No	No No	
	7	Direct expense summary Add lines 2 throug	h 5 in column (d)		•	(
	8	Net gaming income summary Combine line	1, column d, and line 7		•	61,760
		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming a 'No," explain				X Yes N
	_	ere any of the organization's gaming licenses r			van 2	Yes X N
		Yes," explain:	• •	~	y o ai :	res (A) No
	_					
		1-23-12			Sahadula C (Fa	rm 990 or 990-FZ) 20

	JACK & MARCI WILLIAMS ENDOWMENT FOR		
Sch		-3500449	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address N		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party		
	Name		
	Address >		
	Address		
16	Gaming manager information		
	Name ► MARCELLE P. WILLIAMS		
	0		
	Gaming manager compensation ▶ \$0.		
	Description of services provided ► ADMINISTRATION OF RAFFLE		
	X Director/officer Employee Independent contractor		
	Mandatory distributions		
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		X No
	retain the state gaming license?	<u> </u>	LAJ NO
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	0	
P	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	Part III.
<u> </u>	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
_			
		<u> </u>	
			
_			

132083 01-23-12

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service criteria used to award the grants or assistance?

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

% X

Yes

Employer identification number 04-3500449 Open to Public Inspection 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Attach to Form 990. JACK & MARCI WILLIAMS ENDOWMENT FOR INC. WEDNESDAY'S CHILD, Part I General Information on Grants and Assistance Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monif	toring the use of grant	funds in the United	States			
틸	Governments and	d Organizations in the	United States. Co	omplete if the orga	Inization answered "Y	'es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Check this	s box if no one recipien	it received more tha	an \$5,000 Part II	can be duplicated if a	additional space is nee	▲ pep
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ASSIST SPECIAL NEEDS,
MASSACHUUSETTS ADOPTION RESOURCE							ADOPTIVE, AND/OR OTHER
EXCHANGE INC 45 FRANKLIN STREET							CHILDREN WITH FINDING
- BOSTON, MA 02110	04-2227431	501(C)(3)	.000,09	0			PERMANENT HOMES.
							ASSISTANCE TO RESIDENTIAL
GEORGE H AND IRENE L WALKER HOME							HOME AND RELATED SERVICES
FOR CHILDREN INC - 1968 CENTRAL							FOR SPECIAL NEEDS
AVENUE - NEEDHAM, MA 02492	04-2171186	501(C)(3)	50,000.	0			CHILDREN AND FAMILIES.
							ASSISTANCE TO RESIDENTIAL
ST. ANN'S HOME							HOME AND RELATED SERVICES
100A HAVERHILL STREET							FOR SPECIAL NEEDS
METHUEN, MA 01844	04-2104866	501(C)(3)	50,000.	0.			CHILDREN AND FAMILIES.
							ASSISTANCE TO RESIDENTIAL
ITALIAN HOME FOR CHILDREN INC							HOME AND RELATED SERVICES
1125 CENTRE STREET							FOR SPECIAL NEEDS
JAMAICA PLAIN, MA 02130	04-2103799	501(C)(3)	50,000.	0.			CHILDREN AND FAMILIES.
DIANNE DEVANNA CENTER FOR THE							ASSISTANCE TO RESIDENTIAL
PREVENTION OF CHILD ABUSE &							HOME AND RELATED SERVICES
NEGLECT - 74 POND STREET -							FOR SPECIAL NEEDS
BRAINTREE, MA 02184	04-2662381	501(C)(3)	25,000.	0.			CHILDREN AND FAMILIES.
ROMAN CATHOLIC BISHOP FALL RIVER							ASSISTANCE TO RESIDENTIAL
ST VINCENTS HOME CORP - 2425							HOME AND RELATED SERVICES
HIGHLAND AVE - FALL RIVER, MA							FOR SPECIAL NEEDS
02720	04-2106681	501(C)(3)	25,000.	0.			CHILDREN AND FAMILIES.
2 Enter total number of section 501(c)(3) and government organizations	nd government or		listed in the line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line				:		10.

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

Schedule I (Form 990) (2011)

FOR	
ENDOWMENT	
WILLIAMS	CHILD, INC
JACK & MARCI	WEDNESDAY'S

Schedule I (Form 990)

Page 1

04-3500449

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	t)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	j						ASSISTANCE TO RESIDENTIAL
SPAULDING YOUTH CENTER FOUNDATION							HOME AND RELATED SERVICES
INC - P O BOX 189 - TILTON, NH				•			FOR SPECIAL NEEDS
03276	02-0244216	501(C)(3)	50,000.	0.			CHILDREN AND FAMILIES.
							ASSISTANCE TO RESIDENTIAL
CASA PROJECT INC							HOME AND RELATED SERVICES
100 GROVE STREET FOURTH FLOOR							FOR SPECIAL NEEDS
WORCESTER, MA 01605-2608	04-2711865	501(C)(3)	10,000.	0			CHILDREN AND FAMILIES,
							ASSISTANCE TO RESIDENTIAL
FRIENDS OF CASA INC							HOME AND RELATED SERVICES
P O BOX 8426							FOR SPECIAL NEEDS
BOSTON, MA 02114	04-3110775	501(C)(3)	10,000.	0			CHILDREN AND FAMILIES.
							ASSISTANCE TO RESIDENTIAL
BROCKTON AREA MULTI-SERVICES INC							HOME AND RELATED SERVICES
10 CHRISTY'S DRIVE							FOR SPECIAL NEEDS
BROCKTON, MA 02301	04-2562377	501(C)(3)	5,000.	0.			CHILDREN AND FAMILIES.

Schedule I (Form 990)

JACK & MARCI WILLIAMS ENDOWMENT FOR

Schedule I (Form 990) (2011) WEDNESDAY'S CHILD, INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

Page 2

04-3500449

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2011)

132102 01-27-12

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2011
Open to Public Inspection

Name of the organization

JACK & MARCI WILLIAMS ENDOWMENT FOR WEDNESDAY'S CHILD, INC.

Employer identification number 04-3500449

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION IS ENGAGED IN THE PRACTICE AND/OR PURSUIT OF FINDING
AND/OR PLACING SPECIAL NEEDS CHILDREN, ADOPTIVE CHILDREN OR OTHER
CHILDREN LOOKING FOR HOMES IN PERMANENT HOMES.
FORM 990, PART VI, SECTION A, LINE 2: CERTAIN DIRECTORS ARE MARRIED TO
OTHER DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME
FROM THE JACK WILLIAMS ENDOWMENT FOR WEDNESDAY'S CHILD, INC. TO JACK &
MARCI WILLIAMS ENDOWMENT FOR WEDNESDAY'S CHILD, INC. COPY OF ARTICLES OF
AMENDMENT ARE ATTACHED TO THIS FORM 990.
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 PROVIDED TO OFFICERS PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST. THE ORGANIZATION DOES NOT CURRENTLY
HAVE A CONFLICT OF INTEREST POLICY.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -68,672.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

4562 Form

Department of the Treasury
Internal Revenue Service (99)

See separate instructions.

Depreciation and Amortization 990 (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 **2011**

Attachment Sequence No. 179

Name(s) shown on return			Bus	siness or activity	to which t	this form relate	s	Identifying number
JACK & MARCI WILLIAMS	ENDOWMEN'	r FOR						
WEDNESDAY'S CHILD, INC	•		FO	RM 990	PAG	3E 10		04-3500449
Part Election To Expense Certain Propert	y Under Section 17	9 Note: If yo	u have any	listed proper	ty, com	nplete Part	V before y	ou complete Part I
1 Maximum amount (see instructions)							1	500,000.
2 Total cost of section 179 property place	d in service (see i	nstructions)	١				2	
3 Threshold cost of section 179 property	before reduction i	n limitation					3	2,000,000.
4 Reduction in limitation Subtract line 3 fr	om line 2 If zero	or less, ente	er -0-				4	
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter -	0- If married file	ng separately,	see instructions			5	
6 (a) Description of pro	perty		(b) Cost (bu	siness use only)		(c) Elected	cost	
				_				
-								
7 Listed property Enter the amount from	ine 29			7				
8 Total elected cost of section 179 proper	ty. Add amounts	ın column (c	c), lines 6 ar	nd 7			8	
9 Tentative deduction Enter the smaller of	of line 5 or line 8						9	
10 Carryover of disallowed deduction from	line 13 of your 20	10 Form 45	62				_10	
11 Business income limitation. Enter the sn	naller of business	income (not	t less than z	zero) or line 5	i		11	
12 Section 179 expense deduction Add lin	es 9 and 10, but	do not enter	r more than	line 11			12	
13 Carryover of disallowed deduction to 20	12 Add lines 9 a	nd 10, less l	ine 12	▶ 13				
Note: Do not use Part II or Part III below for	listed property Ir	stead, use F	Part V					<u></u>
Part II Special Depreciation Allowar	ce and Other De	preciation	(Do not inc	lude listed p	roperty)		· · · · · · · · · · · · · · · · · · ·
14 Special depreciation allowance for quali	fied property (oth	er than listed	d property)	placed in sei	rvice du	ırıng		
the tax year							14	
15 Property subject to section 168(f)(1) electron	ction						15	
16 Other depreciation (including ACRS)							16	1,137.
Part III MACRS Depreciation (Do not	include listed pro			ıs.)				
			ction A					
17 MACRS deductions for assets placed in	service in tax ye	ars beginnin	g before 20)11			, <u>17</u>	
18 If you are electing to group any assets placed in servi						<u> </u>	<u> </u>	
Section B - Assets I	(b) Month and		11 lax Year depreciation	r Using the	Genera	al Deprecia	ition Syst	em
(a) Classification of property	year placed	(business/in	ivestment use	(d) Recov	very	e) Convention	(f) Method	(g) Depreciation deduction
40 2 year property	III Sel VICS	01117 300	111311 40110113)	 				
19a 3-year property	}			 				
b 5-year property				<u> </u>				
d 10-year property	 				-+			
	 							
e 15-year property f 20-year property	†				-			
05	†			25 yrs	$\overline{}$		S/L	
g 25-year property	 			27 5 yr		MM	S/L	
h Residential rental property	, , <u>, , , , , , , , , , , , , , , , , </u>			27 5 y		MM	S/L	
· · · · · · · · · · · · · · · · · · ·	' ,			39 yrs		MM	S/L	
 Nonresidential real property 	' ,			39 yis	<u>. </u>	MM	S/L	<u></u>
Section C - Assets Pl	aced in Service	Durina 201	1 Tax Year	Using the A	iternati			L
20a Class life		g				<u>Dopios</u>	S/L	
b 12-year	† †	· · · · · · · · · · · · · · · · · · ·		12 yrs	<u>, </u>		S/L	
c 40-year	/			40 yrs		MM	S/L	
Part IV Summary (See instructions)	· · · · · · · · · · · · · · · · · · ·			1			O/L	
21 Listed property Enter amount from line							21	7
22 Total. Add amounts from line 12, lines 1		s 19 and 20) ın column	(g), and line	21			
Enter here and on the appropriate lines							22	1,137.
23 For assets shown above and placed in s	•	•						
portion of the basis attributable to section	_			23	3			

JACK & MARCI WILLIAMS ENDOWMENT FOR WEDNESDAY'S CHILD, INC. Form_4562 (2011) 04-3500449 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (b) (c) (e) (i) (f) (a) (d) Date Business/ Elected Type of property Depreciation Cost or Recovery Method/ placed in investment (business/investment section 179 (list vehicles first) period Convention deduction other basis service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use

Section B - Information on Use of Vehicles

S/L

S/L -S/L -

28

29

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(a	1)	(b)	(0	;)	(0	i)	(€	;)	(1	7)
30	Total business/investment miles driven during the	Veh	icle	Veh	cle	Veh	ıcle	Veh	ıcle	Veh	ıcle	Veh	icle
	year (do not include commuting miles)												
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles								:				
	driven												
33	Total miles driven during the year.											ļ	
	Add lines 30 through 32					ļ						ļ	
34	Was the vehicle available for personal use	Yes	No_	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	ls another vehicle available for personal												
	use?									<u></u>		<u> </u>	L

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your
	employees?
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your

employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use?

40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

% %

%

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization					
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during	your 2011 tax year	· · · · · · · · · · · · · · · · · · ·	T		
	- 		<u> </u>		
43 Amortization of costs that began before	your 2011 tax year		- 	43	
44 Total. Add amounts in column (f) See t	he instructions for whe	ere to report		44	

Form 4562 (2011)

Yes

No

FEDERAL IDENTIFICATION no. <u>04-3500449</u>

Fee: \$15.00



Approved

The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

ARTICLES OF AMENDMENT (General Laws, Chapter 180, Section 7)

Wc,	JACK B, W	<u> </u>		, *Pr	resident / *Vice President
and	SUSAN PE	TERSON			, *Clerk / *Assistant Clerk
of	JACK WILLIAMS		FOR WEDNESS		INC.
	404.0	,		-	
located at	121 R		corporation in		
do hereby certify tha	it these Articles of An	nendment affecti	ng articles numb	cred.	
		1 AND 4			
	(Number thos	se articles 1, 2, 3	, and/or 4 being	amended)	-
of the Articles of Org	anization were duly	adopted at a med	ting held on	JUNE 25,	, by vote o
All	members,	<u> </u>	directors, c	าร	sharcholders*
	two-thirds of its me				
	two-thirds of its dire Section 3; OR	ectors where the	e are no membe	rs pursuant to	General Laws,
	f a corporation havin the right to vote the		y the holders of	at least two-thic	rds of the capital
All Members and	Directors voted, un	animously, to an	nend the Articles	s of Organizati	on, as follows:
VOTED: To delo	ete original Article I, corporation is: Jac	in its entirety, a k & Marci Willian	nd replace it with ns Endowment f	n new Article I, or Wednesday	as follows: 's Child, Inc."
of Article 4, as fo	lows:		-	·	th new Paragraph 4
charitable institut	ution of the corporat tions or organization which qualify for tax- is corporation."	is created and or	rganized for non	profit purposes	
*Delete the inapplicable **(Deck only one box ib Note: If the space prov only of separate 8 1/2:	ai applies. ided uuder auv article	or ilem on this for ith a left margin of	m is insufficient, a at least I luch. Ad	dditious sball be dittous to more ti	set forth on one side ban ane article may be

P.C.

made on a single sheet so long as each article requiring each addition is clearly indicated.

8/20/2000

					•
•					
•					
The foregoing umendment(s) will become effective v Laws, Chapter 180, Section 7 unless these articles spe date not more than <i>thirty days</i> after such filing, in w	cify, in acc	cordance with	the vote adopting	the amendment	, a later effective
Later effective date:					
SIGNED UNDER THE PENALTIES OF PERJURY, this_	30th	day of	JULY		. 20 11
Coul Blisce				, *President	/ *Vice President,
Sugar Feteren				, *Clerk	/ *Assistant Clerk.
ADeles de la confecta					
*Delete the Inapplicable words.					

.

THE COMMONWEALTH OF MASSACHUSETTS

2169

ARTICLES OF AMENDMENT (General Laws, Chapter 180, Section 7)

I hereby approve the within	Articles of Amendment and, the filing fee in
the amount of \$	having been paid, said articles are deemed
to have been filed with me	having been paid, said articles are deemed this day of 100 u.m.
20	

1150206

Effective date:_____

1011 AUG 10 AM 10: 12

Green Sanis Solid WILLIAM FRANCIS GALVIN Secretary of the Commonwealth

TO BE FILLED IN BY CORPORATION
Contact information:

John P. Burke, Esq Burke & Burke	
PO Box 10	
Sherborn, MA 01770	
Telephone: 508-653-5252	
Emuil: _john@johnburkelaw.com	

A copy this filing will be available on-line at www.state.ma.us/sec/cor once the document is filed.

* Form **8868** (Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box			ightharpoons
	are filing for an Additional (Not Automatic) 3-Month Ex			this form)		
	complete Part II unless you have already been granted a				rm 8868	
	nic filing (e-file). You can electronically file Form 8868 if y					corporation
	to file Form 990-T), or an additional (not automatic) 3-mo					
	o file any of the forms listed in Part I or Part II with the exi					
	I Benefit Contracts, which must be sent to the IRS in pap					
	w irs gov/efile and click on e-file for Charities & Nonprofits		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
	ration required to file Form 990-T and requesting an autor					
Part I or	•					
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
	come tax returns					<u></u>
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification	number (EIN) or
print	JACK & MARCI WILLIAMS ENDO		FOR			
	WEDNESDAY'S CHILD, INC.			X	04-350	0449
File by the due date for	Number street and room or quite no. If a P.O. box s	ee instruc	tions	Social se	curity number	(SSN)
filing your	P.O. BOX 136					
return See instruction	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions			
	WESTON, MA 02493	-				·
Catas th	e Return code for the return that this application is for (file	n a conara	te application for each return)			01
enter tri	e Return code for the return that this application is for this	e a separa	tte application for each return,			<u> </u>
Applies	tian	Return	Application			Return
Applica	uon	Code	Is For			Code
Is For Form 99		01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			10
-	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
-	00-T (trust other than above)	06	Form 8870			12
101111 30	MARCELLE P. WI					
• The I	pooks are in the care of ▶ 121 ROLLING LA					
	phone No ► 781-647-7834		FAX No ►			
	organization does not have an office or place of busines	s in the Ui			.	
	s is for a Group Return, enter the organization's four digit			If this is fo	r the whole ar	oup, check this
box >	If it is for part of the group, check this box				•	• •
	request an automatic 3-month (6 months for a corporation					
•			ation return for the organization nam		The extension	1
- IS	for the organization's return for	J	· ·			
	X calendar year 2011 or					
•	tax year beginning	, ar	nd ending			
-	, , , , , , , , , , , , , , , , , , , ,					
2 If	the tax year entered in line 1 is for less than 12 months, o	check reas	son Initial return I	Final retur	rn	
[Change in accounting period					
	_					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See instructions			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and			
	stimated tax payments made Include any prior year over			3b	\$	0.
_	alance due. Subtract line 3b from line 3a Include your pa	_				
	y using EFTPS (Electronic Federal Tax Payment System)	•		3c	\$	0.
	n. If you are going to make an electronic fund withdrawal			orm 8879	EO for payme	nt instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice					68 (Rev 1-2012)

123841 01-04-12