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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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	or the 2	012 calendar year, or tax year beginning a	nd ending							
Во	Check if	C Name of organization		D Employer identific	cation number					
a	pplicable	JACK & MARCI WILLIAMS ENDOWMENT FOR								
	Address change	WEDNESDAY'S CHILD, INC.								
\vdash	Name	Doing Business As		1 04-3	500449					
\vdash	_change _Initial	<u> </u>	Room/suite							
\vdash	Ireturn □Termin-	Number and street (or P.O. box if mail is not delivered to street address)	HOOIII/SUILE	E Telephone number 781-647-9339						
<u> </u>	Jated Amended	P.O. BOX 136								
느	Ireturn	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,100,784.					
	Applica- tion pending	WESTON, MA 02493		H(a) Is this a group re						
	F Name and address of principal officer: JACK B. WILLIAMS for affiliates? Yes A No									
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? L Yes L No					
1 7	ax-exen	npt status. X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)					
JV	Nebsite:	▶ WWW.JACKWILLIAMSWEDNESDAYSCHILD.COM		H(c) Group exemption	n number					
K F	orm of o	ganization; X Corporation Trust Association Other	L Year	of formation: 2000 N	State of legal domicile: MA					
		Summary								
		nefly describe the organization's mission or most significant activities. SEE	SCHEDI	ILE O						
Activities & Governance	' '	billy describe the organization of most significant detivition	DOME	,	-					
ā	0 0	heck this box I if the organization discontinued its operations or dis	noond of more	o than 25% of the not as	note —					
Je z			posed of filon	1.1						
Ó	1	umber of voting members of the governing body (Part VI, line 1a)	,	3	11					
ಷ	1	umber of independent voting members of the governing body (Part VI, line 11	o)	4	11					
ies		otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0					
Ξ	6 To	otal number of volunteers (estimate if necessary)		6	30					
ţ	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_	ЬN	et unrelated business taxable income from Form 990-1, line 34		7b	<u> </u>					
		MECEIV	ED L	Prior Year	Current Year					
Revenue	8 C	ontributions and grants (Part VIII, line 1h)		470,606.	645,631.					
	9 P	rogram service revenue (Part VIII, line 2g) MAY 17 20	13	0.	0.					
	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d	S	196,289.	212,057.					
æ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c, and be a		19,871.	27,726.					
	10 T	otal revenue - add lines 8 through 11 (must equal Part VIII; column (A), line 12		686,766.	885,414.					
			-	344,900.	410,450.					
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		enefits paid to or for members (Part IX, column (A), line 4)	<u> </u>							
es	15 S	alanes, other compensation, employee benefits (Part IX, column (A), lines 5-1	⁽⁾ _	0.	0.					
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	 	0.	0.					
줐	b To	otal fundraising expenses (Part IX, column (D), line 25)	<u> 136.</u>							
Ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		64,494.	66,885 <u>.</u>					
	18 Te	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		409,394.	477,335.					
	19 R	evenue less expenses. Subtract line 18 from line 12		277,372.	408,079.					
Sec			В	eginning of Current Year	End of Year					
Net Assets or Fund Balances	20 , To	otal assets (Part X, line 16)		4,093,170.	4,508,466.					
Ass	210 To	otal liabilities (Part X, line 26)		4,877.	2,972.					
E E	22 N	et assets or fund balances Subtract line 21 from line 20		4,088,293.	4,505,494.					
	art II	Signature Block	 	470007255	1/303/131					
<u></u>		es of perjury, I declare that I have examined this return, including accompanying scheo		nente, and to the best of m	v knowledge and belief it is					
					y Kilowieuge allu bellet, it is					
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information o	r wnich prepare	r nas any knowledge.						
	ا،ایر	Superhuse of officer // // // // ///		Doto						
Sig	ո 🔐	Signature of officer // WW 1 > W 3		Date / 2/	9					
Her	re 뒴	JACK B. WIZLIAMS, PRESIDENT		5/13/1-	1					
	7	Type or print name and title								
	- 17	?rint/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid	100	ETER P. VOCATURA PETER P. VOCAT	URA	05/09/13 setf-employ	ed P00572048					
Pre		irm's name VOCATURA, SPAGNUOLO & CO., P.O		Firm's EIN	04-3143185					
	' ⊢	Firm's address 1275 MAIN STREET	_							
	WALTHAM, MA 02451-1762 Phone no. 781-647-9339									
	v the IPs	S discuss this return with the preparer shown above? (see instructions)		j i nono no. 7	X Yes No					
ivia	y tile into	discuss this return with the preparer shown above? (see instructions)		.	Form 990 (2012)					

4d Other program services (Describe in Schedule O.)

Expenses \$ including grants of \$

_) (Revenue \$

4e Total program service expenses ► 410,450.

Form 990 (2012)

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	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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 similar 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			
	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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	448		х
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments 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	ایرا		7.7
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17_		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u></u>		
	complete Schedule G, Part III	19	x	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

Form 990 (2012)' Part IV Checklist of Required Schedules (continued)

		Г	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		162	NO
	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,	<u> </u>		
	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		x
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		
25a	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, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
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).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
O_	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a		35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		!
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990	(2012)

Form 990 (2012)*

	990 (2012)' ' WEDNESDAY'S CHILD, INC. 04-350	<u>)449</u>	Р	<u>age 5</u>
Pai	t V Statements Regarding Other IRS Filings and 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	ם		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
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	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			İ
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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.		i	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	.5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	_6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 <u>a</u>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	.7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	4		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders Crean income from other courses (Pa not not amounts due or poul to other courses against	-		
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ا ۱		
		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	120		\vdash
а	Note. See the instructions for additional information the organization must report on Schedule O	13a		$\vdash \vdash$
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
U				
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	┨		
_	Did the organization receive any payments for indoor tanning services during the tax year?	140	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
U	n 100, 100 timo a 10m 120 to toport those payments: n 110, provide an explanation in delicatio	140		•

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__Page **6**

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			\mathbf{X}				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 11							
	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 0.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X				
6	Did the organization have members or stockholders?	6		X				
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	_7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	х					
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	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		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>1</u> 2b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
40	In Schedule O how this was done	12c		37				
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
_	The organization's CEO, Executive Director, or top management official	45-		v				
a	Other officers or key employees of the organization	15a		X				
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
. -u	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iva		- 42				
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure	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-T (Section 501(c)(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.		-					
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial					
	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 and records of the organizat	ion: 🕨	•					
	THE ORGANIZATION - 781-647-9339							
	P.O. BOX 136, WESTON, MA 02493							
23200 12-10-		Form	990	(2012)				

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

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

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

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

(A) Name and Title	(B) Average hours per	(do	(C) Position (do not check more than box, unless person is bot officer and a director/trus		than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JACK B. WILLIAMS	15.00									
PRESIDENT/DIRECTOR		X		X				0.	0.	0.
(2) MARCELLE P. WILLIAMS	5.00									
VICE PRESIDENT/DIRECTOR		X		X				0.	0.	0.
(3) SUSAN PETERSEN	0.00									
SECRETARY/DIRECTOR		X		X				0.	0.	0.
(4) TOM WARDEN	0.00						ŀ		_	_
DIRECTOR		X				<u> </u>	_	0.	0.	0.
(5) BILL ZANKE	0.00					1				_
DIRECTOR		X			ļ			0.	0.	0.
(6) JOHN COLLINS	0.00								_	
TREASURER/DIRECTOR		X		X		ļ	_	0.	0.	0.
(7) JOHN MADISON	0.00								_	
DIRECTOR		X	<u> </u>	-	<u> </u>	ļ		0.	0.	0.
(8) DIANE MADISON	0.00	l				ŀ				
DIRECTOR	0.00	X	-		\vdash	\vdash	┡	0.	0.	0.
(9) AMY COLLINS	0.00						ł			
DIRECTOR	0.00	X			├	├	├	0.	0.	0.
(10) JOE DEMPSEY	0.00									
DIRECTOR	0.00	X		-		-		0.	0.	0.
(11) MARY DEMPSEY	0.00									_
DIRECTOR		X	H	_	_	╁	├-	0.	0.	0.
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Form 990 (2012)

WEDNESDAY'S CHILD, INC.

Par	T VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average			(C Pos	C) ition			ompensated Employe (D) Reportable	es (continued) (E) Reportable	1	(F) Estimate	ed
		hours per week (list any hours for related organizations below line)	box	, unle cer an	ss pe d a d	rson irecto	Highest compensated snay so poor so poor snay so poor snay snay snay snay snay snay snay snay	h an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	col	amount other mpensa from th rganizat and relat ganizati	ation ie tion ted
											$oldsymbol{\perp}$		
										. ,			
													_
				<u></u>									
	Sub-total Total from continuation sheets to Part V	II. Section A					>		0.).		0.
	Total (add lines 1b and 1c) Total number of individuals (including but in		nose	hste	ed a	hov	e) w	no re	0.	C).		0.
_	compensation from the organization									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	3		х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le c							the organization			X
5	Did any person listed on line 1a receive or	accrue compe	nsat	tion	from	any	y uni			idual for services	4		
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors										5		X
1	Complete this table for your five highest content organization. Report compensation for										nsation	າ from	
(A) (B) Name and business address NONE Description of services Con								Comp	(C) pensation	on			
2	Total number of independent contractors \$100,000 of compensation from the organ		not l	ımıte	ed to		ose ti	stec	d above) who received r	nore than			
	TOO, OOO OF COMPENSATION HOM the Organ	nzauvii 🚩					<u> </u>				For	m 990	(2012)

232008 12-10-12

WEDNESDAY'S CHILD, INC. Part VIII Statement of Revenue

4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 5 082, d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 161,663, of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses b 44,824,			Check if Schedule O cont	ains a response	to any question i		· · · · · · · · · · · · · · · · · · ·		
1						• •	Related or exempt function	Unrelated business	from tax under
Business Code	इ इ	1 a	Federated campaigns	1a	2,008.		,		
Business Code	통회	b	Membership dues	1b					
Business Code	P, S	С	Fundraising events	1c	161,663,				
Business Code	護희	d	Related organizations	1d					
Business Code	ini,	е	Government grants (contribut	ions) 1e					
Business Code	ri Si	f	All other contributions, gifts, gran	ts, and					
Business Code	훈		similar amounts not included abo	ve 1f	481,960.				
Business Code	달	g	Noncash contributions included in lines	1a-1f \$					
2 a b	<u>යි ව</u>	h	Total. Add lines 1a-1f		•	645 631.			
Total, Add lines 11a-11d					Business Code				
Total, Add lines 11a-11d	8	2 a							
Total, Add lines 11a-11d	اہِ جَ	b							
Total. Add lines 11a-11d	ي ق	С	·						
Total. Add lines 11a-11d	e a	d							
Total. Add lines 11a-11d	<u>6</u>	е							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 1,175,628, b Less: direct expenses c Net income from fundraising events (not including \$ 161,651, of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from gaming activities 11 a b c c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	ਕ	f	All other program service reve	enue					
Other similar amounts 206,975, 206,97		g	Total, Add lines 2a-2f		•				
4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 5 ,082 5 ,082 5 ,082 5 ,082 5 ,082 5 ,082 5 ,082 5 ,082 5 ,082 5 ,082 6 Rent Income or (loss) from fundraising events (not modulding \$ 161,663, of contributions reported on line tc). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 85, 414, 73,732, 0, 166, 051.		3	Investment income (including	dividends, intere	est, and				
S Royalities (i) Real (ii) Personal			other similar amounts)		▶	206,975.			206,975.
(i) Personal (ii) Personal (iii) Personal Persona	-	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net gain or (loss) d Netgain or (lo		5	Royalties						
B Less: rental expenses C Rental income or (loss)				(i) Real	(ii) Personal				
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1,170,546, C Gain or (loss) 5,082, d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 161,663, of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.		6 a	Gross rents						
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 161,663, of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 b Less: direct expenses b 44,824, c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C d All other revenue e Total, Add lines 11a-11d 12 Total revenue, See instructions.		b	Less: rental expenses						
7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 1,170,546, c Gain or (loss) 5,082, d Net gain or (loss) 5,082, d Net gain or (loss) 10,100,546, c Gain or (loss) 11,170,546, c Gain or (loss) 12,170,546, c Gain or (loss) 16,082, c Gain or (loss) 16,0		С	Rental income or (loss)		<u> </u>				
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 161,663, of contributions reported on line 1c). See Part IV, line 18 b Less' direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 c Net income or (loss) from gaming activities 10 a Gross alse of inventory Miscellaneous Revenue 11 a b C Ald other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 1,175,628, 1,170,546, 5,082, 68,650, 68		d	Net rental income or (loss)		_				
B Less cost or other basis and sales expenses		7 a	Gross amount from sales of	(i) Securities	(ii) Other				
and sales expenses Gain or (loss) Net gain or (loss) Region or			assets other than inventory	1,175,628,	,				
C Gain or (loss) 5,082, 5,082, 5,082, 5,082, 6 8 6 6 6 6 6 6 6 6		b	Less cost or other basis						
Net gain or (loss)			and sales expenses	1,170,546,	,				
8 a Gross income from fundraising events (not including \$ 161,663, of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.		С	Gain or (loss)	5,082,	,				<u> </u>
Including \$ 161,663, of contributions reported on line 1c). See Part IV, line 18	- 1		- · · · ·			5,082.	5.082.		
Including \$ 161,663, of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses b 44,824, c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a 68,650, b Less: direct expenses b 0, c Net income or (loss) from gaming activities 68,650, 68,650, c Net income or (loss) from gaming activities b 68,650, 68,650, c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	ą	8 a		-					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a 68,650, b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -40,924, -40,									
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a 68,650, b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -40,924, -40,	ē			а					
9 a Gross income from gaming activities. See Part IV, line 19 a 68,650, b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	튐								
Part IV, line 19	Ĭ			-	•	-40,924.			-40,924.
b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. b 0, 166,051		9 a		ctivities. See					
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 68,650, 68,650,			·						
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.									
and allowances b Less' cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.			• • • • •	•		68,650.	68,650.		
b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. Business Code 885,414, 73,732, 0, 166,051.		10 a	<u>-</u>	returns					
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.									
Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions. 885,414, 73,732, 0, 166,051.				_					
11 a		<u>C</u>			•				
b			Miscellaneous Revenu	ie	Business Code				
c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ► 885,414 73,732 0 166,051									
d All other revenue e Total. Add lines 11a-11d ▶ 885,414, 73,732, 0, 166,051.		b							
e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 885,414, 73,732, 0, 166,051.									
12 Total revenue. See instructions. 885,414. 73,732. 0, 166,051.		-			L				
		_							
	23200		Total revenue. See instructions.		>	885,414.	73,732.		

WEDNESDAY'S CHILD, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 410,450 410,450. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include R section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 Management b Legal 12,500. 12,500 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 5,375 5,375 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,560 2,560 Office expenses 13 Information technology 14 Royalties 15 Occupancy 16 8,141 8.141 17 Travel 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 679 Depreciation, depletion, and amortization 679. 22 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 16,325. 16,325. DONOR RELATIONS SUPPLIES AND POSTAGE 12,648. 12,648. CREDIT CARD FEES 4,063. 4,063. c 3,697. 370 3,327. d WEBSITE 897. 265. 632. All other expenses 477,335. 410,450. 21,749. 45,136. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-10-12

Form 990 (2012) Part X Balance Sheet

WEDNESDAY'S CHILD, INC.

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to an	y questic	on in this Part X			
	т				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			<u> </u>	1	
	2	Savings and temporary cash investments			369,634.	2	611,799.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	Ĺ		4		
	5	Loans and other receivables from current and for	ficers, directors,		İ		
		trustees, key employees, and highest compens	oloyees. Complete				
		Part II of Schedule L			5		
	6	Loans and other receivables from other disqual	sons (as defined under				
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary		1	
•		employees' beneficiary organizations (see instr)	ete Part II of Sch L		6		
ěts	7	Notes and loans receivable, net				7	
Assets	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	14,096.			
	b	Less: accumulated depreciation	10b	12,456.	2,319.	10c	1,640.
	11	Investments - publicly traded securities		3,721,217.	11	1,640. 3,895,027.	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	4,093,170.	16	4,508,466.		
	17	Accounts payable and accrued expenses	4,877.	17	2,972.		
	18	Grants payable		18			
	19	Deferred revenue		Ĺ		19	
	20	Tax-exempt bond liabilities		20			
S	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
Liabilities	22	Loans and other payables to current and forme	r officers	, directors, trustees,			
api		key employees, highest compensated employee	es, and c	lisqualified persons.			
		Complete Part II of Schedule L		Ĺ		22	
	23	Secured mortgages and notes payable to unrela	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, pa	ayables to	o related third		.	
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,877.	26	2,972.
		Organizations that follow SFAS 117 (ASC 958	B), check	here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
auc	27	Unrestricted net assets			4,088,293.	27	4,505,494.
Bali	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets	, J-		29		
Ę		Organizations that do not follow SFAS 117 (A	ASC 958)	, check here 🕨 📖 📗		.	
ğ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	Ĺ		30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	t fund	, ,,,,	31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	r other funds		32		
Z	33	Total net assets or fund balances			4,088,293.	33	4,505,494.
	34	Total liabilities and net assets/fund balances			4,093,170.	34	4,508,466.

Form **990** (2012)

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2012)

2¢

3a

X

X

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

Employer identification number Name of the organization JACK & MARCI WILLIAMS ENDOWMENT FOR WEDNESDAY'S CHILD, INC 04-3500449 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, crty, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d ____ Type III - Non-functionally integrated a Type I Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (vii) Amount of monetary (ii) EIN in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support (i) of your support? governing document? above or IRC section (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

JACK & MARCI WILLIAMS ENDOWMENT FOR

Schedule A (Form 990 or 990-EZ) 2012 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)

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	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	655,914.	640,729.	527,462.	476,231.	649,530.	2,949,866,		
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	655,914.	640,729.	527,462.	476,231.	649,530.	2,949,866,		
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)						272,500.		
6	Public support. Subtract line 5 from line 4						2,677,366,		
	ction B. Total Support				<u> </u>	·	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4	655,914.	640,729.	527,462.	476,231.	649,530.	2,949,866,		
-	Gross income from interest,	000,000	010,1120	027,72020		0 2 2 7 0 0 0 0	2,323,000,		
•	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	153,603.	170 844	175,174.	187,280.	206,975.	893,876.		
9	Net income from unrelated business	133,003.	17070111	1/3/1/10	1077200.	_200,3731	033,070.		
3	activities, whether or not the								
	business is regularly carried on								
40	Other income. Do not include gain								
10	or loss from the sale of capital			;					
	assets (Explain in Part IV.)			,					
44							3 043 540		
11	• •	oto (oco instructi	222	<u></u>		12	3,843,742. 170,010.		
12	Gross receipts from related activities,			d fourth or fifth to	NY MAGE OG G GOGTIG		_1/0,010.		
13	•	-	s iirst, second, triir	a, iourtri, or litti ta	ax year as a sectio	11 50 1 (0)(3)	. □		
Sei	organization, check this box and stor ction C. Computation of Publ		rcentage						
	Public support percentage for 2012 (olumn (fl)		14	69.66 %		
	Public support percentage from 2011	, ,,	•	Joidinin (i))		15	69.66 % 68.88 %		
	33 1/3% support test - 2012. If the			n line 12 and line	14 10 22 1/20/ 05 0				
102	• •	•		•	14 IS 33 1/3% OF II	iore, check this bo	x and ►X		
	stop here. The organization qualifies		-		lles 15 e 20 1/00/				
Ľ	33 1/3% support test - 2011. If the	•			illie 13 is 33 1/370	or more, check tr	IIS DOX		
4-	and stop here. The organization qual		• • •	•	- 40 40405 -		▶∟		
178	10% -facts-and-circumstances tes								
	and if the organization meets the "fac			•	•	π IV how the organ	nization		
	meets the "facts-and-circumstances"	•	•		•				
t	10% -facts-and-circumstances tes								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
	organization meets the "facts-and-circ		•	•	,		▶⊨		
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s . ▶∟		

Schedule A (Form 990 or 990-EZ) 2012

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.)

(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
					
				I I	
			1		
			1		
		1			 -
ı					
				ļ .	
					-
(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
				ļ	
				ļ	
				-	
	-			 	
		··· · · · -		 	
					
		<u> </u>			
organızatıon's	s first, second, thu	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organız	ation,
		·			<u></u>
upport Pe	rcentage	· · · · · · · · · · · · · · · · · · ·			
, column (f) di	ivided by line 13, o	column (f))		15	
				16	
ent Incom	e Percentage				
				17	
	•	,			
		on line 14, and line	15 is more than		7 is not
					, 19 110t
•	•				₽ ∟
					ing -
	organization's upport Pe , column (f) d edule A, Part ent Incom ne 10c, colur Schedule A, nization did n top here. The	organization's first, second, thir upport Percentage , column (f) divided by line 13, organization edule A, Part III, line 15 ent Income Percentage ne 10c, column (f) divided by line Schedule A, Part III, line 17 nization did not check the box top here. The organization qual nization did not check a box or nis box and stop here. The organis	organization's first, second, third, fourth, or fifth to upport Percentage , column (f) divided by line 13, column (f)) edule A, Part III, line 15 ent Income Percentage ne 10c, column (f) divided by line 13, column (f)) Schedule A, Part III, line 17 nization did not check the box on line 14, and line top here. The organization qualifies as a publicly inization did not check a box on line 14 or line 19a is box and stop here. The organization qualifies	organization's first, second, third, fourth, or fifth tax year as a section upport Percentage , column (f) divided by line 13, column (f)) edule A, Part III, line 15 ent Income Percentage ne 10c, column (f) divided by line 13, column (f)) Schedule A, Part III, line 17 nization did not check the box on line 14, and line 15 is more than 3 top here. The organization qualifies as a publicly supported organization did not check a box on line 14 or line 19a, and line 16 is minimum and the second of the se	organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization or

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. 2012
Open to Public Inspection

Name of the organization

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

Employer identification number 04-3500449

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	-	
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 held in donor advi	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	-	
	impermissible private benefit?		Yes No
Pai		panization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·
-	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic str	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e 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 per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements dunn	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements		
Pai	t 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 state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	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 financi	al gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2012

JACK & MARCI WILLIAMS ENDOWMENT FOR

_		AY'S CHILD								Page 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, e	or Other	Simil	<u>ar Asse</u>	ts(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a sign	ıficant	use of its	collection	ıtems
	(check all that apply):									
а	Public exhibition	C	,	Loan or exc	hange progra	ams				
Ь	Scholarly research	€	, 🗀	Other					_	
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	ın how tl	ney further t	he organızatı	on's exemp	t purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of					er sımılar a:	ssets		_	
_	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to Fo	rm 990	, Part IV, I	line 9, or	
	reported an amount on Form 990, Pa				 -					
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not in	cluded		٦	
	on Form 990, Part X?							L_	」Yes	L No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table [.]						
									Amount	
С	Beginning balance						1c		_	
d	Additions during the year						1d			
e	Distributions during the year						1e	-		
T .	Ending balance	000 David V Iva	040				1f		٦.,	
	Did the organization include an amount on Fe					Deat VIII			」Yes	⊢ No
Par	t V Endowment Funds. Complete is									
	Endowment I dids. Complete				(c) Two year		Thron	raara baak	(a) Four	vears back
4.	Paginning of year balance	(a) Current year	(0) F	rior year	(C) TWO year	IS DACK (a)	i illiee y	ears back	(e) Four	years back
1a 	Beginning of year balance Contributions									
D				<u>-</u>						
C	Net investment earnings, gains, and losses					-			 	
<u>a</u>	Grants or scholarships Other expenditures for facilities				<u> </u>					
е	and programs									
	Administrative expenses					-				
'	End of year balance									
9 2	Provide the estimated percentage of the curr	rent vear end haland	e (line 1	a column /s)) held as				l	<u>_</u>
- a	Board designated or quasi-endowment	one year end balanc	%	g, column (e	iji ricia as.					
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	=	ation tha	at are held a	nd administe	red for the	organiz	zation		
	by						- g		[·	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations	•							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.						
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X	, line 10.						
	Description of property	(a) Cost or o	ther	(b) Cost	or other (other)	(c) Accı		ed	(d) Book	value
	Land	Dasis (IIIVesti	nony	Dasis	(001161)	aehte	ciation	-	_	
	Land		-					+	-	
b	Buildings						_			_
C L	Leasehold improvements Equipment	 			7,961.		6,3	21	1	,640.
d e	Other			_	6,135.		$\frac{6,3}{6,1}$			0.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 900 Port	X colu	nn (R) line 1		-	<u> </u>		1	,640.
1019	i riaa iiiloo ta umougii tei joolamii jaj mast e	quai i viili 330, rail	A, COIUI	<u> ا ۱۱۱۱ رح) بین </u>	<u> </u>					<u>, 0±0.</u>

Schedule D (Form 990) 2012

JACK & MARCI WILLIAMS ENDOWMENT FOR

Part VII Investments - Of	ther Securities.	S CHILD , INC See Form 990, Part X, III	ne 12.	<u> </u>	-3500449 Pag
(a) Description of security or categor				valuation: Cost or end	d-of-year market value
) Financial derivatives					
Closely-held equity interests					
) Other					
(A)					
(B)					
(C)					
(D)					-
(E) _					
(F)					
(G)					
(H)					_
(I)					
tal. (Col. (b) must equal Form 990, P	Part X. col. (B) line 12.)	>			
art VIII Investments - Pr			ine 13		
(a) Description of inves		(b) Book value		valuation: Cost or end	d-of-year market value
(1)		(1)	(-,		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)	2-+ V 1 (D) b 40 \ 1				-
tal. (Col. (b) must equal Form 990, P Part IX Other Assets. Se					
Tall IX Other Assets. Se		(a) Description			(b) Book value
(4)		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)	·				
(5)					
(6)				-	
(7)					
(8)					
(9)					
(10)				 	
tal. (Column (b) must equal Form	n 990, Part X, col. (B)	line 15.)			
art X Other Liabilities.		X, line 25	(b) Deelership		
	cription of liability		(b) Book value		
(1) Federal income taxes					
<u> </u>				_	
(2)					
<u> </u>					
(2)				-	
(2)				_	
(2) (3) (4)					
(2) (3) (4) (5)					
(2) (3) (4) (5) (6)					
(2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7) (8) (9)					
(2) (3) (4) (5) (6) (7) (8)					
(2) (3) (4) (5) (6) (7) (8) (9)	n 990, Part X, col. (B)	line 25)			
(2) (3) (4) (5) (6) (7) (8) (9) 10)			ne organization's financi	al statements that rep	ports the organization

232053 12-10-12

JACK & MARCI WILLIAMS ENDOWMENT FOR WEDNESDAY'S CHILD, 04-3500449 Page 4 Schedule D (Form 990) 2012 INC. Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 939,360. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 9,122. Net unrealized gains on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c 44,824. Other (Describe in Part XIII.) 53,946. Add lines 2a through 2d 2e Subtract line 2e from line 1 3 885,414. 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 b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 885,414. Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 522,159. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. a Donated services and use of facilities 2a 2b Prior year adjustments c Other losses 2c 44,824 Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 44,824. 2e 477,335. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 | Part XIII | Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENTS DIRECT EXPENSES (PAGE 9, PART VIII, LINE

8B)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDARAISING EVENTS DIRECT EXPENSES (PAGE 9, PART VIII,

LINE 8B)

Schedule D (Form 990) 2012

SCHEDULE.G (Form 990 or 990-EZ)

Department of the Treasury

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.

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

2012

Open To Public Inspection

Internal Revenue Service

Name of the organization

JACK & MARCI WILLIAMS ENDOWMENT FOR

Employer identification number

WEDNESD	AY'S CHILD, INC.				<u> 04-3500</u>	449
Part I Fundraising Activities required to complete this part	 Complete if the organization answet. 	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includation	non-g gover using d ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ustody trol of	(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			
					_	
			•			
List all states in which the organization or licensing.	ın ıs registered or licensed to solicit o	contrib	utions	l s or has been notified	d it is exempt from re	egistration
						
			_			

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

JACK & MARCI WILLIAMS ENDOWMENT FOR

04-3500449_Page 2 Schedule G (Form 990 or 990-EZ) 2012 WEDNESDAY'S CHILD, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events FUNDRAISING NONE (add col (a) through SKI RACE DINNER col. (c)) (event type) (event type) (total number) Revenue 118,763. 46,800. 165,563. 1 Gross receipts 118,763. 42,900 161,663. 2 Less Contributions 3,900. 3,900 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages Entertainment 756. 13,068 44,824. Other direct expenses 44,824 10 Direct expense summary. Add lines 4 through 9 in column (d) -40.92411 Net income summary Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 68,650. 68,650. Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 100.00 % Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column d, and line 7 68,650. 9 Enter the state(s) in which the organization operates gaming activities. MA X Yes a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain. X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain 232082 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

	· JACK & MARCI WILLIAMS ENDOWMENT FOR		
	edule G (Form 990 or 990-EZ) 2012 WEDNESDAY'S CHILD, INC. 04	-3500449	Page 3
		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
	Indicate the percentage of gaming activity operated in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
	If "Yes," enter name and address of the third party.		
·	Too, onto hand and addition of the time party.		
	Name >		
	Address >		
16	Gaming manager information:		
	Name ► MARCELLE P. WILLIAMS		
	Gaming manager compensation ▶ \$0 .		
	Description of services provided ▶ ADMINISTRATION OF RAFFLE		
	X Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_
	retain the state gaming license?	Voc	X No
	Catacatha amount of disturb strong required under state four to be disturbuted to other exempt associations are associated to the	163	
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
b	organization's own exempt activities during the tax year > \$		
ь		•	Part III,
ь	organization's own exempt activities during the tax year > \$	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	
ь	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and	

232083 01-07-13

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

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.

JACK & MARCI WILLIAMS ENDOWMENT FOR

Open to Public Inspection

OMB No 1545-0047

Employer identification number

► Attach to Form 990.

Ŷ ⊠ 04-3500449 Yes 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 WEDNESDAY'S CHILD General Information on Grants and Assistance criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ore than \$5 000. Dart II can be durahed if additional space is peeded 2 Des Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	85,000 Part II can	ı be duplicated if addıtı	ional space is need	ed.			
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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							ASSIST SPECIAL NEEDS,
MASSACHUSETTS ADOPTION RESOURCE							ADOPTIVE, AND/OR OTHER
EXCHANGE INC 45 FRANKLIN STREET							CHILDREN WITH FINDING
- BOSTON, MA 02110	04-2227431	501(C)(3)	50,000	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)	70,000.	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)	75,000.	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,

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

FOR	
ENDOWMENT	
WILLIAMS	CHILD, INC
& MARCI	DNESDAY'S (
JACK	WEDN

Schedule I (Form 990) WEDNESDAY'S CHILD, INC. Dart II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	S CHILD, INC	INC.	in to the U	nited States (Sche	dule I (Form 990). Pa		04-3500449 Page 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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAULDING YOUTH CENTER FOUNDATION INC - P O BOX 189 - TILTON, NH							ASSISTANCE TO RESIDENTIAL HOME AND RELATED SERVICES FOR SPECIAL NEEDS
CASA PROJECT INC 100 GROVE STREET FOURTH FLOOR WORCESTER MA 01605-2608	02-0244216	501(C)(3) 501(C)(3)	10 000		į		CHILDREN AND FAMILIES, ASSISTANCE TO RESIDENTIAL HOME AND RELATED SERVICES FOR SPECIAL NEEDS CHILDREN AND FAMILIES.
FRIENDS OF CASA INC P O BOX 8426 BOSTON, MA 02114	04-3110775	501(C)(3)	10,000,	0			ASSISTANCE TO RESIDENTIAL HOME AND RELATED SERVICES FOR SPECIAL NEEDS CHILDREN AND FAMILIES,
BROCKTON AREA MULTI-SERVICES INC 10 CHRISTY'S DRIVE BROCKTON, MA 02301	04-2562377	501(C)(3)	5,000	0			ASSISTANCE TO RESIDENTIAL HOME AND RELATED SERVICES FOR SPECIAL NEEDS CHILDREN AND FAMILIES,
MARGARET GIFFORD SCHOOL INC 177 BOSTON POST ROAD WESTON. MA 02493	04-2381515	501(C)(3)	5,000	0			ASSISTANCE TO RESIDENTIAL HOME AND RELATED SERVICES FOR SPECIAL NEEDS CHILDREN AND FAMILIES,
THE HOME FOR LITTLE WANDERERS 271 HUNTINGTON AVE BOSTON. MA 02115	04-2104764	501(C)(3)	10,000.	0			ASSISTANCE TO RESIDENTIAL HOME AND RELATED SERVICES FOR SPECIAL NEEDS CHILDREN AND FAMILIES,
							Schedule I (Form 990)

JACK & MARCI WILLIAMS ENDOWMENT FOR

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. WEDNESDAY'S CHILD, INC. Schedule i (Form 990) (2012) Part III

Page 2

04-3500449

(f) Description of non-cash assistance	•			Information.					Schedule I (Form 990) (2012)
(e) Method of valuation (book, FMV, appraisal, other)				n (b), and any other additiona					
(d) Amount of non- cash assistance				line 2, Part III, colum					
(c) Amount of cash grant				on required in Part I,					29
(b) Number of recipients				de the information				;	
(a) Type of grant or assistance				Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					232102 12-18-12

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Name of the organization

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

Employer identification number 0.4 - 3.500449

MEDIADDAI D CHIED, INC. 104 3300445
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 8B: THE ORGANIZATION DOES NOT HAVE
COMMITTEES.
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.

4562

Department of the Treasury Internal Revenue Service (99) **Depreciation and Amortization** 990 (Including Information on Listed Property)

Attach to your tax return.

2012

Attachment Sequence No 179

Name(s) shown on return

JACK & MARCI WILLIAMS ENDOWMENT FOR

Business or activity to which this form relates

► See separate instructions.

Identifying number

WEDNESDAY'S CHILD, IN	C	FO	RM 990 1	PAGE 10		04-3500449
Part I Election To Expense Certain Prope	rty Under Section 1	79 Note: If you have any	listed property,	complete Part	V before yo	ou complete Part I.
1 Maximum amount (see instructions)					1	500,000.
2 Total cost of section 179 property place	ed in service (see	instructions)			2	
3 Threshold cost of section 179 property	/ before reduction	ın lımıtatıon			3	2,000,000.
4 Reduction in limitation Subtract line 3	from line 2 If zero	or less, enter -0-			4	
5 Dollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If married filing separately, s	ee instructions		5	<u>-</u>
6 (a) Description of pr	roperty	(b) Cost (bus	siness use only)	(c) Electe	ed cost	
			-	·-·		
7 Listed property. Enter the amount from			7			
8 Total elected cost of section 179 propo	•	s in column (c), lines 6 an	d 7		8	
9 Tentative deduction. Enter the smaller					9	
10 Carryover of disallowed deduction from	•				10	
11 Business income limitation. Enter the s		•	•		11	·····
12 Section 179 expense deduction Add I					12	
13 Carryover of disallowed deduction to 2 Note: Do not use Part II or Part III below for			▶ 13			
Part II Special Depreciation Allows		•	lude listed pror	verty 1		
14 Special depreciation allowance for qua		· · · · · · · · · · · · · · · · · · ·				
the tax year	uned property (ou	iei than listed property/	piaced in servic	e during	14	
15 Property subject to section 168(f)(1) el	ection				15	
16 Other depreciation (including ACRS)	0011011				16	679.
Part III MACRS Depreciation (Do no	ot include listed p	roperty.) (See instruction	s.)		1.0	
		Section A				
17 MACRS deductions for assets placed	ın service in tax ve	ears beginning before 20	12		17	
18 If you are electing to group any assets placed in ser	•	• •		▶ [
•		e During 2012 Tax Yea			ation Syste	•m
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						···
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27 5 yrs.	MM	S/L	
			27 5 yrs.	MM_	S/L	
i Nonresidential real property	/	_	39 yrs.	MM	S/L	
	/	<u></u>		MM	S/L	
	Placed in Service	During 2012 Tax Year	Using the Alte	rnative Depre	T 1	tem
20a Class Iffe			ļ		S/L	
b 12-year	- 		12 yrs.		S/L	
C 40-year	/	L	_ 40 yrs	MM	S/L	
Part IV Summary (See instructions)	- 00		 -		<u> </u>	
21 Listed property. Enter amount from lin		40 400 1	/m\ ===11	•	21	-
22 Total. Add amounts from line 12, lines	•					CRO
Enter here and on the appropriate line:	•	•	ations · see ins	str	22	679.
23 For assets shown above and placed in portion of the basis attributable to sec	•	e current year, enter the				
218251 LUA For Dominion Deducation		senarate instructions				Form 4562 (2012)
12-28-12 LHA For Paperwork Reduction						1 JIII 4002 (2012)

	art V Listed Proper				her vehic			puters	s, and pro	perty use	ed for er		ment, rec		
	amusement.) Note: For any	vehicle for wi	hich vou are u	sina the	standari	d milead	ie rate oi	r dedui	ctina leasi	exnens	e comr	olete on	lv 24a 2	4h colu	mne (a)
	through (c) of 3	Section A, all	of Section B,	and Sec	ction C if	applica	ble								· · · · · · · · · · · · · · · · · · ·
	Section A	- Depreciation	on and Other	Informa	ation (Ca	aution: S	See the i	nstruc	tions for li	mits for p	passeng	er autoi	mobiles)		
<u>24a</u>	Do you have evidence to	support the bu	siness/investme	ent use cl	aimed?	<u> </u>	es	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No
	(a)	(b) Date	(c)		(d)		(e)		(f)	(g)		(h)		(i)
	Type of property (list vehicles first)	placed in	Business/ Investment		Cost or	(bu)	sis for depri siness/inve		Recovery period		hod/ ention		eciation uction		cted on 179
	(list vehicles first)	service	use percenta	ge o	ther basis		use only	/)	Period	CONV	ention	ueu			ost
25	Special depreciation alle	owance for q	ualified listed	property	y placed	ın servi	ce durinç	g the ta	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
<u>26</u>	Property used more that	ın 50% ın a q	ualified busin	ess use.	•										
	<u> </u>		9	6		_		_							
			9	6								<u> </u>			
			9	6						<u></u>		<u> </u>			
27	Property used 50% or le	ess in a quali	fied business	use.											
			9	6						S/L·		ļ	_		
		<u> </u>	9	6						S/L -					
		<u> </u>	9	6						S/L·					
28	Add amounts in column	ı (h), lınes 25	through 27. E	nter her	e and or	line 21,	, page 1				28	ŀ			
<u>29</u>	Add amounts in column	ı (i), lıne 26. E	nter here and	on line	7, page	1			_				29		
			S	ection	B - Infor	mation	on Use	of Veh	nicles						
lf y	mplete this section for ve ou provided vehicles to y se vehicles												ing this s	ection fo	or
				(a)	(1	b)		(c)	(4	i)	((e)	(1	f)
30	Total business/investment	miles driven d	uring the	Vel	hicle	Vel	nicle	V	'ehicle	Veh	ıcle	Ve	hicle	Veh	iicle
year (do not include commuting miles)															
31 Total commuting miles driven during the year															
32	Total other personal (no driven	i) miles													
33	Total miles driven during	a the vear.													
	Add lines 30 through 32														
34	Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•										1,55	1		
35	Was the vehicle used p	rimanly by a	more		ĺ								1		
	than 5% owner or relate	ed person?											İ		
36	Is another vehicle availa		onal		ĺ					1					
	use?				1										
	swer these questions to		- Questions f you meet an e	-	-					-			re not m	ore than	5%
	ners or related persons.														т
37	Do you maintain a writte employees?	en policy stat	tement that pr	ohibits a	all persor	nal use d	of vehicle	es, incl	luding cor	nmuting,	by you	r		Yes	No
38	Do you maintain a writte	en policy stat	tement that pr	ohibits p	personal	use of v	ehicles,	excep	t commut	ıng, by y	our				
	employees? See the ins														
39	Do you treat all use of v	ehicles by er	nployees as p	ersonal	use?										
40	Do you provide more th	an five vehic	les to your em	ployees	, obtain	ınformat	tion from	your e	employees	s about					
	the use of the vehicles,	and retain th	e information	received	1?				•					L	
41	Do you meet the require	ements conc	eming qualifie	d autom	obile de	monstra	ition use	?							
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," do n	ot compi	lete Sec	tion B fo	r the c	covered ve	hicles					
P	art VI Amortization														
	(a)	1 aaata	D-4-	(b)		(c)			(d)		(e)			(f)	
_	Description o	COSIS		amortization begins		Amortizat amount			Code section		Amortiza penod or per		Aı fo	nortization r this year	
<u>42</u>	Amortization of costs th	at begins du	ırıng your 2012	2 tax yea	ar:										
															
42	Amortization of costs th	at hegan he	fore vour 2012	tay vas	ar .							43			

216252 12-28-12

44 Total, Add amounts in column (f) See the instructions for where to report

44