

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENDED TO AUGUST 15, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public

	0	2010 Calefular year, or tax year beginning	chang		
В	Check if	C Name of organization		D Employer identific	ation number
•		JACK & MARCI WILLIAMS ENDOWMENT FOR			
	Addres change	* WEDNESDAY'S CHILD, INC.			
Ļ	Name change	Doing business as		04-3	500449
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	P.O. BOX 136		781-6	547-9339
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,736,634.
	Amend			H(a) Is this a group re	
$\overline{}$	Applica			for subordinates'	
_	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Tay.eye	mpt status: X 501(c)(3)	or 527	1 ' '	list (see instructions)
		e: ► WWW.JACKWILLIAMSWEDNESDAYSCHILD.COM	<u>, </u>	H(c) Group exemption	,
		organization: X Corporation	I Vear	L—11	State of legal domicile: MA
		Summary	L roa	oriormation. 2000 in	Otate of legal dofficies 2222
		Briefly describe the organization's mission or most significant activities SEE S	CHEDII	T.E.O.	
Activities & Governance	' '	biological designation of the state of the s	<u> </u>		
па	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets
Ş		Number of voting members of the governing body (Part VI, line 1a)		3	11
ဗ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
න් ග	1	Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
itie	1	Fotal number of volunteers (estimate if necessary)		6	20
₹		Fotal unrelated business revenue from Part VIII, column (C), line 12		- −	0.
¥		Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
_	 _	ver difference pusifiess taxable filcome from Form 990-1, fille 94			
		Contributions and grants (Bort VIII, line 1h)	 	Prior Year 255, 376.	Current Year 81,072.
Ë	1	Contributions and grants (Part VIII, line 1h)		233,370.	
Revenue	1	Program service revenue (Part VIII, line 2g)	-		150 646
Re		investment income (Part VIII, column (A), lines 3, 4, and 7d)		219,498.	159,646.
	l l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,750.	3,750.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		478,624.	244,468.
	i	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	406,000.	462,200.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	. —	0.	<u> </u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	\sim	0.	
X	b ^	Total fundraising expenses (Part IX, column (D), line 25)	<u>/2.\</u>	- 4-4-4-4	101
	17 9	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\ <u>\</u>	154,131.	134,940.
	18 1	Total expenses. Add lines 13-17 (must equal Part IX, column(A) (line 25)	/0/	560,131.	597,140.
	19	Revenue less expenses Subtract line 18 from line 12	/8/	<u>-81,507.</u>	-3 <u>52</u> ,672.
Sec		lal nov 0 "	Bè	ginning of Current Year	End of Year
Set	20 1	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		4,527,192.	<u>4,070,790.</u>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		6,292.	3 <u>,304.</u>
캳	22	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20		4,520,900.	<u>4,067,486.</u>
_	<u>art II</u>	Signature Block			
`	-	ties of perjury, I declare that I have examined this return, including accompanying schedules			/knowledge and belief, it is
<u>true</u>	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	has any knowledge.	
>		Signature of officer		/ Data	
Sig			RII	Date	
He	re	JACK B. WILLIAMS, PRESIDENT Type or print name and title	1) W	Man	
	-		- 11	Date last	DTIN
	.	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	1	PETER P. VOCATURA PETER P. VOCATURA	RA C	6/01/16 setf-employe	
	parer	Firm's name VOCATURA, SPAGNUOLO & CO., P.C.		Firm's EIN	04-3143185
Use	Only	Firm's address 1275 MAIN STREET			
.		WALTHAM, MA 02451-1762		Phone no. 78	1-647-9339
?Ма	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

532002 12-16-15

4e

Other program services (Describe in Schedule O)

Total program service expenses

including grants of \$

462,200.

Form 990 (2015) WEDNESDAY'S CHILD, INC.

Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule or direct or inforct political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule of Contributors? Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization assection 501(c)(4), 501(c)(6), 501				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributions? 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 If 8 Section 901(c)(8) 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 Is the organization asection 501(c)(6), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Proceedings 81-91 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised funds or any similar funds or accounts for which donors have the right to provide advised in organization or aversed funds or any similar funds or accounts for which donors have the right to provide advised intuition or investment of amounts in such funds or accounts for which donors have the right to provide advised intuition or aversed funds or any similar funds or accounts for which donors have the right to provide advised intuition or any similar funds or accounts for which donors have the right to provide advised intuition or any similar funds or accounts for which donors have the right to provide advise intuitives? Complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts and listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If Yes, "complete Schedule D, Part IV" Did the organization report an amount for land, buildings, and equipment in Part X, line 10 If Yes, "complete Schedule D, Part VIII Did the organization report an amount for investments to organization in the provise schedule P, Part VIII Did the organization included in organi	1	As the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dut the organization engage in direct or indirect pollucial campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 4 Section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III 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 Dut the organization main any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts (any the donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts (any the following clustons is including assessments to preserve open space, the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Dut the organization asset on soft of any the following questions is "Yes," to complete Schedule D, Part IV 9 Did the organization sanger of an amount for investments or other securities in Part X, line 10? If "Yes," complete Schedule D, Part IVI 10 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 IVI 11 Did the organization report an amount for other assets 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 IVI 2 Did the organization shall be a manufaction of the 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 IVI			1_		
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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 V	8	· • •			
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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? 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X	h	•	12a		
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			12	x	
complete Schedule G, Part III X	19				
			19		x
			_	990	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	163	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
2-70	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 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization invest any proceeds of taxexempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	The second secon	240		
25a	****	05-		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	054		v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		v
07	complete Schedule L, Part II	26		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			v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		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)	00		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		v
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	-	X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M			v
24	Did the organization liquidate, terminate, or dissolve and cease operations?	_30		X
31	If "Yes," complete Schedule N, Part I			v
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	_	X
32	Schedule N, Part II			v
00	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_32		X
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			v
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_33		X
34				
05-	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
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	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	ĺ
	Note. All Form 990 filers are required to complete Schedule O	38	X	100:5
		Form	990	(2015)

JACK & MARCI WILLIAMS ENDOWMENT FOR WEDNESDAY'S CHILD, INC. Form 990 (2015) 04-3500449 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 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)? X 4a b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a is the organization licensed to issue qualified health plans in more than one state? 13a

Form **990** (2015)

14a

14b

X

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13b

13c

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

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}				
Sec	tion A. Governing Body and Management			1-44				
	down a doverning Dody and management		Yes	No				
12	Enter the number of voting members of the governing body at the end of the tax year 11		103	110				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
L	Enter the number of voting members included in line 1a, above, who are independent 1b							
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
2	officer, director, trustee, or key employee?	2	х					
_			_					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	ا ۾ ا	į	v				
	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						
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		<u> </u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	. .		v				
	more members of the governing body?	7a_		X				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
_	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ا ہا	. .					
a	The governing body?	8a	X	v				
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			v				
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,					
40-	Did the organization have local chapters, branches, or affiliates?	40-	Yes	No X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		Λ				
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- 1	_				
11a		11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_ I Ia						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Λ				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120						
·	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b	_	X				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		_	_ - _				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
_	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
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	l finan	cıal					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	THE ORGANIZATION - 617-543-0748							
	P.O. BOX 136, WESTON, MA 02493							

532006 12-16-15

Form **990** (2015)

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

X Check this box if neither the organiz (A) Name and Title	(B) Average			(C Pos	C) itior	1		(D) Reportable	(E) Reportable	(F) Estimated	
rame and this	hours per week	box	not c , unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JACK B. WILLIAMS	15.00								_	_	
PRESIDENT/DIRECTOR	5 00	X		X		-	_	0.	0.	0	
(2) MARCELLE P. WILLIAMS	5.00	٠,,		,,					•		
VICE PRESIDENT/DIRECTOR	0.00	X	\vdash	X		-		0.	0.	0	
(3) SUSAN PETERSEN	0.00	x		x				0.	_		
SECRETARY/DIRECTOR (4) TOM WARDEN	0.00	^	\vdash	^		-		- 0.	0.	0	
DIRECTOR	0.00	x						0.	0.	0	
(5) BILL ZANKE	0.00	1				H	_				
DIRECTOR		x						0.	0.	0	
(6) JOHN COLLINS	0.00										
TREASURER/DIRECTOR		X		Х				0.	0.	0	
(7) JOHN MADISON	0.00								-		
DIRECTOR		X		L		<u> </u>		0.	0.	0	
(8) DIANE MADISON	0.00	ļ									
DIRECTOR		X						0.	0.	0	
(9) AMY COLLINS	0.00					Ì					
DIRECTOR	0.00	X				<u> </u>		0.	0.	0	
(10) JOE DEMPSEY	0.00	x							0	_	
DIRECTOR CALL OF THE PROPERTY	0.00	^				<u> </u>	_	0.	0.	0	
(11) MARY DEMPSEY DIRECTOR	0.00	x						0.	0.	0	
STREETOR		<u> </u>				┢		- 0.	0.		
					ĺ						
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		1									

Form **990** (2015)

om	JACK & MA 1 990 (2015) WEDNESDA						ND(IWC	MENT FOR	04-35	500	449	Pa	ge 8
	rt VII Section A. Officers, Directors, Trus						ighe	st C	compensated Employe					
	(A) Name and title	(B) Average hours per week (list any	box	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount o	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	,	fro orga and	pensation the anization of the anization	on ed	
			-			-					_			
					_						_			_
	<u></u>										_			
			<u> </u>		L	L		_				_		
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A						> >	0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100	0,000 of reportabl	e			(
3	Did the organization list any former officer,			e, ke	ey er	nplo	oyee	, or	highest compensated e	employee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co							the organization		_3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y unr			idual for services		4		<u>X</u>
Sec	rendered to the organization? If "Yes," competion B. Independent Contractors	i <u>piete Scneaui</u>	<u>e J 1</u>	or s	<u>ucn</u>	per	son					5		<u> X</u>
1	Complete this table for your five highest co										pens	ation fr	rom	
	(A) Name and business			ON		VILLI	01 11		(B) Description of			(C comper		า
			_											

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

04-3500449 Page 9

		Check if Schedule O cont		or note to any lin	e in this Part VIII			
	•	Ghook ii Gonoddio O doni	allia a rosponso v	STIGGE TO ATTY INT	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a	1,673,		-		0.2_0
irar oun		Membership dues	. 1b					
S, E	c	Fundraising events	1c	31,300.				
第 副	d	Related organizations	1d					
ini,	е	Government grants (contribut	ions) 1e					
ri di	f	All other contributions, gifts, gran	its, and					
₽ĕ		sımılar amounts not ıncluded abo	ve 1f	48,099.				
d d	g	Noncash contributions included in lines	1a-1f \$:		
Contributions, Gifts, Grants and Other Similar Amounts	<u>h</u>	Total, Add lines 1a-1f		>	81 072			
				Business Code				
8	2 a							
ie č	b							
Program Service Revenue	C	·			- <u>-</u>			
Rev	d							
	е							··-
-		All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	st, and				
	_	other similar amounts)			183,654.			183,654.
1	4	Income from investment of ta	x-exempt bond p	roceeds			-	
	5	Royalties	() Deed	(v) D				<u> </u>
	_	Cross wants	(i) Real	(ii) Personal				
-	6 a	-						_
	b	D						
	C			—				
	d 7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	/ a	assets other than inventory	1,468,158.	(ii) Other				
	h	Less: cost or other basis	1,400,130.					
	U	and sales expenses	1,492,166,					
į	c		-24,008					
	d		24,000,	•	-24,008.	24.008.		
	8 a		a events (not		24,000.	24,000.	 -	
	0 -	including \$31	• .					
Other Revenue		contributions reported on line						
ř.		Part IV, line 18	a	3.750.				
₽	b	Less: direct expenses	ь	0.		-		
0	С	Net income or (loss) from fund	draising events		3,750,]		3,750.
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	ie	Business Code				
	11 a							
)	b							
i	С			<u> </u>		<u> </u>		
	d	All other revenue				ļ		
	_	Total. Add lines 11a-11d				ļ		
	12	Total revenue. See instructions.			244 468.		0.	
53200	9 12-1	6-15						Form 990 (2015)

Form 990 (2015)

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	462,200.	462,200.		_ _
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	<u>-</u> .			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		<u> </u>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
þ	Legal	14,000.		14,000.	
C	Accounting	14,000.		14,000.	
. d	Lobbying Professional fundraising services. See Part IV, line 17				
e	Investment management fees	14,035.		14,035.	
T _	Other (If line 11g amount exceeds 10% of line 25,	14,000.		14,033.	-
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	10,195.		10,195.	
14	Information technology		_	10/1331	
15	Royalties				
16	Occupancy	36,606.		36,606.	
17	Travel	10,810.			10,810.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,524.		8,524.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,276.		2,276.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DONOR RELATIONS	23,707.			23,707.
b	SUPPLIES AND POSTAGE	8,125.			8,125.
c	WEBSITE	3,117.		312.	2,805.
d	STORAGE SPACE	2,880.		2,880.	
_	All other expenses	665.		140.	525.
<u>2</u> 5	Total functional expenses. Add lines 1 through 24e	597,140.	462,200.	88,968.	45,972.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			\	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) WEDNESDAY'S CHILD, INC. 04-3500449 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 Cash - non-interest-bearing 1 243,776. 349,171 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 27,144. 16,834. 6,871 Less, accumulated depreciation 10b 10c 10,310. 4,276,545. 11 Investments - publicly traded securities 3,711,309. 11 12 Investments - other securities See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 4,527,192. Total assets. Add lines 1 through 15 (must equal line 34) 4,070,790 16 16 6,292. 3,304. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 6,292 26 3,304. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,520,900. 4,067,486. Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32

> 4,070,790. Form 990 (2015)

> 4,067,486.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

4,520,900.

4,527,192

33

Form 990 (2015)

Da	rt XI Reconciliation of Net Assets	<u> </u>	00442	, a	40
Га					
	Check if Schedule O contains a response or note to any line in this Part XI				<u>ш</u>
	•				<i>-</i> •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		$\frac{4}{4}, \frac{4}{4}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{7,1}{2}$	
3	Revenue less expenses. Subtract line 2 from line 1	_3	-35		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,52		
5	Net unrealized gains (losses) on investments	5	<u>-10</u>	<u>0,7</u>	<u>42.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,06	<u>7,4</u>	<u>86.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	-	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		_3b		

532012 12-16-15

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Name of the organization

JACK & MARCI WILLIAMS ENDOWMENT FOR

Employer identification number

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 (Form 990 or 990-EZ)) 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, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). R X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 WEDNESDAY'S CHILD, INC. 04-3500449 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and				• • • • • • • • • • • • • • • • • • • •		
	membership fees received (Do not						
	include any "unusual grants ")	476,231.	649,530.	433,480.	259,126.	84,822.	1,903,189.
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				i		
	the organization without charge					ľ	
4	Total. Add lines 1 through 3	476,231.	649,530.	433,480.	259,126.	84,822.	1,903,189.
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)						230,763.
6	Public support. Subtract line 5 from line 4						1 672 426.
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	476,231.	649,530.	433,480.	259,126.	84,822.	1,903,189.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	-	= #	* -			
	and income from similar sources	187,280.	206,975.	228,210.	194,659.	183,654.	1,000,778,
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	<u> </u>				-	2,903,967,
	Gross receipts from related activities,	etc. (see instruction	ons)			12	130,410.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectioi	n 501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	57.59 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	63.49 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	dorganization		ightharpoons
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the)
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	<u>a, 16b, 17a, or 17b</u>	o, check this box a	nd see instruction	s
					Sche	dule A (Form 990	or 990-EZ) 2015

532022

Schedule A (Form 990 or 990-EZ) 2015 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 organi	zation fails to
gualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				ļ		
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and				<u> </u>		
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			_			
	Public support. (Subtract line 7c from line 6)	-					
	ction B. Total Support					L—	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6			(3)	\ <u>\</u>	(0)	197.5
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)			L	L	l	<u> </u>
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organız	ation,
_	check this box and stop here				<u>.</u>		
	ction C. Computation of Publ						
15	Public support percentage for 2015 (li	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
<u>16</u>	Public support percentage from 2014			·		16	%
Se	ction D. Computation of Inves	<u>itment Incom</u>	e Percentage	·			_
17	Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	·	•			18	%
19a	33 1/3% support tests - 2015. If the						7 is not
	more than 33 1/3%, check this box ar						ightharpoons
t	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che					_	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶□

532023 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 WEDNESDAY'S CHILD. INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** pDid the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a_		
	3b		
	_		
	3c	-	
	4a		
	4b		
	_4c		
-			
	5a		
	5b _		
	5c		
	6		
	7_		
	8		
	-		
	_		
	9a		
	_9b		
	9c		
	10a		
	10b		

		-350044	J Pa	ige 5
- a	rt IV Supporting Organizations (continued)		<u> </u>	Г
		Γ	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				[
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b	\vdash	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	لــــا	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the]]	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u></u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	-		l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			Ì
^		1	 	 -
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			ĺ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
<u></u>	supported organizations played in this regard.	3		Ц
	etion E. Type III Functionally-Integrated Supporting Organizations	 		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ions):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instructions	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.	Γ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		1
ь		<u> </u>	\vdash	\vdash
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		1

	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ		14-3500449 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			uctions. All
	other Type III non-functionally integrated supporting organizations must co	_		
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	_ 1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		1
	Fair market value of other non-exempt-use assets	1c		-
d	Total (add lines 1a, 1b, and 1c)	1d		1
	Discount claimed for blockage or other			1
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		1
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		<u> </u>	
	see instructions)	4	= -	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6	<u> </u>	T
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	_ 1	-	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		T
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv-integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 WEDNESDAY'S CHILD, INC. 04-3500449 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 b С d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D. a Applied to underdistributions of prior years b Applied to 2015 distributable amount Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3) and 4c Breakdown of line 7: 8 а c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	<u>(Form 990 or 990-EZ) 20</u>	15 WEDNESDA	Y'S CHILD,	INC.		<u> 04-3500449 Page 8</u>
Part VI	Part IV, Section A, lines	s 1, 2, 3b, 3c, 4b, 4c, D, lines 2 and 3, Part	5a, 6, 9a, 9b, 9c, 1 IV, Section E, lines	1a, 11b, and 11c, Par 1c, 2a, 2b, 3a and 3b	t IV, Section B, lines 1 o; Part V, line 1; Part V,	17b, Part III, line 12, and 2; Part IV, Section C, Section B, line 1e; Part V,
	(See instructions)					
	· - ·					
			-			
						
	· · · · · · · · · · · · · · · · · · ·		_	<u></u>		
				· · · · · · · · · · · · · · · · · · ·		
						
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			-	-		
						
			-			
		<u> </u>				
						
						

SCHEDULE D

(Form 990).

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

JACK & MARCI WILLIAMS ENDOWMENT FOR WEDNESDAY'S CHILD.

Employer identification number 04-3500449

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	
	for charitable purposes and not for the benefit of the donor of	5 5	•
	impermissible private benefit?		Yes No_
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	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
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register	-	- 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	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,	handling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
- E	conservation easements t III Organizations Maintaining Collections o	6 Art Historical Toronto	Mb - Circilan A 4
Pal			ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		•
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		5
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	to (MOC 908) relating to these items.	~ ^
a	Revenue included on Form 990, Part VIII, line 1		D 3
D	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2015

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		AY'S CHILD							<u>500449</u>	
Par	t III . Organizations Maintaining C									
3	Using the organization's acquisition, access	on, and other record	is, chec	k any of the	following tha	t are a s	ignific	ant use of r	s collection	rtems
	(check all that apply)									
а	Public exhibition	c	.	Loan or exc	hange progra	ams				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further tl	he organizati	on's exe	mpt p	urpose in P	art XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r asse	ts _		
	to be sold to raise funds rather than to be m								Yes	No
Paı	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" or	Form	990, Part I	V, line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	sets not	tinclud	led		
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table.				_		
									<u>Am</u> ount	
С	Beginning balance						1	С		
d	Additions during the year						1	d		
е	Distributions during the year							e		
f	Ending balance						Ŀ	lf		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabi	lity?	[Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation	n has been	provided on	Part XII	<u> </u>			
Pai	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Par	IV, line	10.			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Th	ree years bad	k (e) Four	years back
1a	Beginning of year balance	<u></u>		_						
b	Contributions	<u>_</u>					_			
С	Net investment earnings, gains, and losses							-		
d	Grants or scholarships									
e	Other expenditures for facilities		1							
	and programs				-	-				
f	Administrative expenses			,						
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as.					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for t	the org	anızatıon	_	
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	÷							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	ichedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	<u>funds</u>	·					
Pa	t VI _ Land, Buildings, and Equipn									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990), Part X	, line 1	0		
	Description of property	(a) Cost or obasis (investi		` '	or other (other)		ccumi precia		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			1	2,061.		9	,525.	2	2,536.
	Other .			1	5,083.		7	,309.		7,774.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c)			. •	10	310.

Schedule D (Form 990) 2015 WEDNESDAY 'S	CHILD, INC.		04-3500449 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		<u> </u>	
(G)		<u> </u>	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u></u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
		<u> </u>	
(2)		<u> </u>	
(3)			
(4)			
(5)			
(6)		J	
(7)			
(8)		<u> </u>	
(9)		<u> </u>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u></u>	<u> </u>	
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, III	
(a)	Description		(b) Book value
(2)			
(4)			
(5)			
(6)			
<u>(9)</u>	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line	<u> 15.) </u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	·	art X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
<u>(2)</u>			
(3)			
(4)			
(5)			
(6)			
(8)			

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

Schedule D (Form 990) 2015

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

SCHEDULE G

(Form 990-or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. JACK & MARCI WILLIAMS ENDOWMENT FOR

Employer identification number

Name of the organization WEDNESDAY'S CHILD, INC 04-3500449 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 」Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual to (or retained by) (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2015

04-3500449 Page 2 Schedule G (Form 990 or 990-EZ) 2015 WEDNESDAY'S CHILD, INC Part II | Fundraising Events. Complete if the organization answered "Yes" on 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 DINNER col (c)) (event type) (event type) (total number) 35,050 <u>35,050</u>. Gross receipts 31,300 31,300. 2 Less: Contributions 3,750 3,750. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 3,750. Gaming. Complete if the organization answered "Yes" on 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)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Yes a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _ Yes b If "Yes," explain.

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

JACK & MARCI WILLIAMS ENDOWMENT FOR Schedule G (Form 990 or 990-EZ) 2015 WEDNESDAY'S CHILD, INC. Does the organization conduct gaming activities with nonmembers? 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 13 Indicate the percentage of gaming activity conducted in a The organization's facility 13a b An outside facility 13b Enter the name and address of the person who prepares the organization's gaming/special events books and records L_ Yes No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party. Name > Address > Gaming manager information: Gaming manager compensation > \$ Description of services provided Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes L retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, Part IV 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 900 or 900 F7)	JACK & MARCI WILLIAMS ENDOWMENT FOR	04-3500449	Dogo
Part IV Supplemental Info	WEDNESDAY'S CHILD, INC. ormation (continued)	04-3300443	raye 4
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		Schedule G (Form 990 or	990-E

532084 04-01-15

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

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

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

OMB No 1545-0047	2015	Open to Public	Inspection

► Attach to Form 990.

% X **Employer identification number** 04-3500449 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 JACK & MARCI WILLIAMS ENDOWMENT FOR INC. WEDNESDAY'S CHILD Part I General Information on Grants and Assistance Name of the organization

Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed criteria used to award the grants or assistance? Part II

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			2.				CHILDREN WITH FINDING
- BOSTON, MA 02110	04-2227431	501(C)(3)	60,000.	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)	60,000.	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)	60,000.	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)	60,000.	0.			CHILDREN AND FAMILIES.
						7	ASSISTANCE TO RESIDENTIAL
BAY STATE COMMUNITY SERVICES INC							HOME AND RELATED SERVICES
(DIANNE DEVANNA CENTER) - 1120				_		P	FOR SPECIAL NEEDS
HANCOCK STREET - QUINCY, MA 02184	04-2468492	501(C)(3)	30,000.	0.			CHILDREN AND FAMILIES.
ROMAN CATHOLIC BISHOP FALL RIVER		_	-			7	ASSISTANCE TO RESIDENTIAL
ST VINCENTS HOME CORP - 2425						<u> </u>	HOME AND RELATED SERVICES
HIGHLAND AVE - FALL RIVER, MA			-			- 151	FOR SPECIAL NEEDS
02720	04-2106681	501(c)(3)	25,000,	0.			CHILDREN AND FAMILIES.
5 Enter total mimber of control 501(A)(3) and government engagementations instead in the line 1 table	of concernment or	odt at bottol prostations	line 1 table				7

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

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

Schedule I (Form 990) (2015)

33

04-3500449 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) WEDNESDAY'S CHILD, INC. Schedule I (Form 990)

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HOME AND RELATED SERVICES ASSISTANCE TO RESIDENTIAL ASSISTANCE TO RESIDENTIAL HOME AND RELATED SERVICES ASSISTANCE TO RESIDENTIAL ASSISTANCE TO RESIDENTIAL ASSISTANCE TO RESIDENTIAL HOME AND RELATED SERVICES HOME AND RELATED SERVICES ASSISTANCE TO RESIDENTIAL HOME AND RELATED SERVICES NOME AND RELATED SERVICES ASSISTANCE TO RESIDENTIAL IOME AND RELATED SERVICES CHILDREN AND FAMILIES. CHILDREN AND FAMILIES. CHILDREN AND FAMILIES, CHILDREN AND FAMILIES. CHILDREN AND FAMILIES, CHILDREN AND FAMILIES, CHILDREN AND FAMILIES (h) Purpose of grant or assistance OR SPECIAL NEEDS POR SPECIAL NEEDS (g) Description of non-cash assistance (book, FMV, appraisal, other) (f) Method of valuation Ö (e) Amount of non-cash assistance Ö Ö (d) Amount of cash grant 25,000, 000 09 20,000 15,000, 30,000 10,000 5,000 (c) IRC section if applicable 501(C)(3)501(c)(3)501(C)(3) 501(C)(3) 501(C)(3) 04-2104764 501(C)(3) 501(C)(3) 02-0244216 04-2711865 04-2381515 04-3110775 04-2562377 26-1519159 (p) EIN SPAULDING YOUTH CENTER FOUNDATION BROCKTON AREA MULTI-SERVICES INC 100 GROVE STREET FOURTH FLOOR 715 BOYLSTON STREET SUITE 410 THE HOME FOR LITTLE WANDERERS (a) Name and address of organization or government MARGARET GIFFORD SCHOOL INC INC - 72 SPAULDING ROAD -61 ROSELAND STREET UNIT 2 WORCESTER, MA 01605-2608 NORTHFIELD NH 03276 177 BOSTON POST ROAD SOMERVILLE, MA 02143 SIBLING CONNECTIONS 10 CHRISTY'S DRIVE BROCKTON, MA 02301 BOSTON, MA 02116 CASA PROJECT INC WESTON, MA 02493 BOSTON MA 02135 BOSTON CASA INC 10 GUEST STREET

WEDNESDAY'S CHILD, INC.

Page 2

04-3500449

Schedule I (Form 990) (2015) WEDNESDAY'S CHILD, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(6) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)				ormation				
				ner additional info				
(d) Amount of non- cash assistance	_		 	n (b), and any ott				
(c) Amount of cash grant				2, Part III, colum				-
(b) Number of recipients				uired in Part I, line				
(a) Type of grant or assistance				Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information				

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Inspection

Name of the organization

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

Employer identification number 04-3500449

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION IS ENGAGED IN THE PRACTICE AND/OR PURSUIT OF FINDING
AND/OR PLACING SPECIAL NEEDS CHILDREN, ADOPTIVE CHILDREN OR OTHER
CHILDREN LOOKING FOR HOMES IN PERMANENT HOMES.
FORM 990, PART VI, SECTION A, LINE 2:
CERTAIN DIRECTORS ARE MARRIED TO OTHER DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 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.