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# Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-0047

Open to Public

Department of the Treasury

990

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

▶ Information about Form 990 and its instructions is at www IRS qov/form990

Inspection Internal Revenue Service For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016 Name of organization D Employer identification number B Check if applicable CHAPIN HALL CENTER FOR CHILDREN CHAPIN HALL AT THE UNIVERSITY OF CHICAGO
% PAULETTE PHILLIPS Address change 36-2167012 Name change Doing business as Initial return Final E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated 1313 EAST 60TH STREET (773) 256-5100 \_\_ Amended return City or town, state or province, country, and ZIP or foreign postal code Application pending G Gross receipts \$ 18,151,186 Name and address of principal officer **H(a)** Is this a group return for BRYAN SAMUELS subordinates? 1313 EAST 60TH STREET Νo CHICAGO,IL 60637 H(b) Are all subordinates Tax-exempt status ıncluded? 4947(a)(1) or **√** 501(c)(3) 501(c) ( ) **◄** (insert no ) If "No," attach a list (see instructions) Website: ► WWW CHAPINHALL ORG Group exemption number 🕨 L Year of formation 1985 M State of legal domicile IL Part I Summary 1 Briefly describe the organization's mission or most significant activities ESTABLISHED IN 1985. CHAPIN HALL IS AN INDEPENDENT POLICY RESEARCH CENTER DEDICATED TO IMPROVING POLICIES AND PROGRAMS FOR CHILDREN AND YOUTH, FAMILIES, AND THEIR COMMUNITIES Activities & Governance 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets  ${f 3}$  Number of voting members of the governing body (Part VI, line 1a) . 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 149 5 Total number of volunteers (estimate if necessary) . 6 16 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a n Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 11,971,907 602,795 Ravenue 15,257,922 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1.626.698 599,701 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 115,124 -91,938 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 16,368,480 13,713,729 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 9,887,209 12,080,818 5-10) 0 0 Professional fundraising fees (Part IX, column (A), line 11e) . 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 3,410,829 5,206,554 17 13,298,038 17,287,372 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 415,691 Revenue less expenses Subtract line 18 from line 12 -918,892 19 Assets or Beginning of Current Year **End of Year** 43.935.987 40,569,558 20 Total assets (Part X, line 16) . 10,785,751 9,554,549 Net V 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 33,150,236 31,015,009 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2016-05-15 Signature of officer Date Sign Here BRYAN SAMUELS EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Rebekuh Eley Preparer's signature Rebekuh Eley Date PTIN Check I if P01247672 **Paid** Fırm's name ▶ BDO USA LLP Preparer

Use Only

Firm's address ► 330 N Wabash Suite 3200

CHICAGO, IL 60611

Phone no (312) 856-9100

| Par | t IV Checklist of Required Schedules  |             |     |          |
|-----|---|-------------|-----|----------|
|     |   |             | Yes | No       |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2   | 1           | Yes |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞   | 2           | Yes |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3           |     | No       |
| 4   | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II  | 4           |     | No       |
| 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           |     | No       |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I   | 6           |     | No       |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7           |     | No       |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2  | 8           |     | No       |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9           |     | No       |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏  | 10          | Yes |          |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable   |             |     |          |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a         | Yes |          |
|     | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b         | Yes | <u> </u> |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2   | <b>11</b> c |     | No       |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2  | <b>11</b> d |     | No       |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | Yes |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X   | 11f         | Yes |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | 12a         | Yes |          |
|     | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | <b>12</b> b |     | No       |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13          |     | No       |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a         |     | No       |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b         |     | No       |
| 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  | 15          |     | No       |
| 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  | 16          |     | No       |
| 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 (see instructions)   | 17          |     | No       |
| 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  | 18          |     | No       |
| 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          |     | No       |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a         |     | No       |
| Ь   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b         |     |          |

| Form | 990 (2015)  |     |     | Page <b>4</b> |
|------|---|-----|-----|---------------|
| Par  | t IV Checklist of Required Schedules (continued)  |     |     | <u>=</u>      |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | No            |
| 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  |     | No            |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                          | 23  | Yes |               |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | Yes |               |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | No            |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     | No            |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | No            |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | No            |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior  | 25h |     | No            |

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28h

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Yes

Yes

Form 990 (2015)

Nο

Nο

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Nο

Nο

Nο

Νo

Νo

Nο

Nο

Νo

Νo

Nο

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L.

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

instructions for applicable filing thresholds, conditions, and exceptions)

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or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

| Pai      | t V                   | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this  |              | V                         |            |     | _   |
|----------|-----------------------|--|--------------|---------------------------|------------|-----|-----|
|          |                       | eneak it seneaule a contains a response of note to any line in this  | - uic        | <b>v</b>                  | •          | Yes | No  |
| 1a       | Enter                 | the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 1a           | 63                        |            |     |     |
|          |                       | the number of Forms W-2G included in line 1a Enter -0 - if not applicable  | 1b           | 0                         |            |     |     |
|          | Did th                | L<br>ne organization comply with backup withholding rules for reportable payments to   | venc         | fors and reportable       |            |     |     |
| ٠        |                       | ig (gambling) winnings to prize winners?   |              | · · · · · ·               | 1c         |     |     |
| 2a       | Enter                 | the number of employees reported on Form W-3, Transmittal of Wage and  |              |                           |            |     |     |
|          |                       | tatements, filed for the calendar year ending with or within the year covered s return   | 2a           | 149                       |            |     |     |
| <b>.</b> | ,                     | east one is reported on line 2a, did the organization file all required federal emp  |              |                           | 2b         | Yes |     |
| U        |                       | If the sum of lines 1a and 2a is greater than 250, you may be required to e-file   |              |                           |            |     |     |
| 3a       | Did th                | ne organization have unrelated business gross income of \$1,000 or more during   | g the y      | /ear <sup>7</sup>         | 3a         |     | Νo  |
| b        | If "Yes               | s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>  | on in S      | Schedule O                | 3b         |     |     |
| 4a       | Atany                 | y time during the calendar year, did the organization have an interest in, or a si   | gnatu        | re or other authority     |            |     |     |
|          |                       | a financial account in a foreign country (such as a bank account, securities acc   | count,       | or other financial        | 4a         |     | No  |
| b        |                       | int)?  |              |                           |            |     | 110 |
| b        |                       | s," enter the name of the foreign country   mathematical the foreign country  mathematical the foreign bank for Fince Form 114, Report of Foreign Bank for Fince | , and I      | Einancial Accounts        |            |     |     |
|          | (FBAR                 |  | anu          | maneral Accounts          |            |     |     |
| 5a       | Was tl                | he organization a party to a prohibited tax shelter transaction at any time durin  | g the        | tax year?                 | 5a         |     | No  |
|          |                       | ny taxable party notify the organization that it was or is a party to a prohibited t   |              |                           | 5b         |     | No  |
| c        | If"Ye                 | s," to line 5a or 5b, did the organization file Form 8886-T?   |              |                           |            |     |     |
| -        | . 2                   |  | -            | <del>-</del>              | 5c         |     |     |
| 6a       |                       | the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont  |              |                           | 6a         |     | No  |
| b        |                       | s," did the organization include with every solicitation an express statement th<br>not tax deductible?  | at su        | ch contributions or gifts | <b>6</b> b |     |     |
| 7        | Organ                 | nizations that may receive deductible contributions under section 170(c).  |              |                           |            |     |     |
| а        |                       | ne organization receive a payment in excess of \$75 made partly as a contributions provided to the payor?  |              | d partly for goods and    | 7a         |     | No  |
| b        |                       | s," did the organization notify the donor of the value of the goods or services pi   |              | d?                        | 7b         |     |     |
| c        |                       | ne organization sell, exchange, or otherwise dispose of tangible personal proper   | ty for       | which it was required to  | 7-         |     | N   |
| d        |                       | orm 8282?  | 7d           |                           | <b>7</b> c |     | No  |
|          |                       | ne organization receive any funds, directly or indirectly, to pay premiums on a p  | ercon        | al benefit contract?      |            |     |     |
| е        | Dia tii               | le organization receive any lunus, unectly of indirectly, to pay premiums on a p   | erson        | ar bellent contract?      | 7e         |     | No  |
| f        | Did th                | e organization, during the year, pay premiums, directly or indirectly, on a perso  | nal be       | enefit contract?          | <b>7</b> f |     | Νo  |
| g        | If the require        | organization received a contribution of qualified intellectual property, did the o   | rganız       | ation file Form 8899 as   | <b>7</b> g |     |     |
| h        | •                     | organization received a contribution of cars, boats, airplanes, or other vehicles  | <br>s, did 1 | the organization file a   | - 9        |     |     |
|          |                       | 1098-C?  |              |                           | 7h         |     |     |
| 8        | Did a                 | oring organizations maintaining donor advised funds.  donor advised fund maintained by the sponsoring organization have excess bus  g the year?  | siness       | s holdings at any time    | 8          |     |     |
| 92       |                       | e sponsoring organization make any taxable distributions under section 4966  | > _          |                           | 9a         |     |     |
|          |                       | ne sponsoring organization make a distribution to a donor, donor advisor, or rela  |              | erson?                    | 9b         |     |     |
| 10       |                       | on <b>501(c)(7) organizations.</b> Enter   | r            | -                         | •          |     |     |
| а        | Initiat               | tion fees and capital contributions included on Part VIII, line 12   | 10a          |                           |            |     |     |
| b        |                       | receipts, included on Form 990, Part VIII, line 12, for public use of club   | 10b          |                           |            |     |     |
| 11       | faciliti              | nes<br>on <b>501(c)(12) organizations.</b> Enter   |              |                           |            |     |     |
|          |                       | sincome from members or shareholders   | 11a          |                           |            |     |     |
|          |                       | income from other sources (Do not net amounts due or paid to other sources   |              |                           |            |     |     |
| _        |                       | st amounts due or received from them)..........[   | 11b          |                           |            |     |     |
| 12a      | Section               | on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990   | ın lıe       | u of Form 1041?           | 12a        |     |     |
| b        |                       | s," enter the amount of tax-exempt interest received or accrued during the   | 12b          |                           |            |     |     |
| 13       | year<br><b>Sectio</b> | on 501(c)(29) qualified nonprofit health insurance issuers.  |              |                           |            |     |     |
| а        |                       | organization licensed to issue qualified health plans in more than one state? <b>N</b>   | ote. S       | ee the instructions for   |            |     |     |
| L        |                       | onal information the organization must report on Schedule O  | ı            |                           | 13a        |     |     |
| D        |                       | the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans  | 13b          |                           |            |     |     |
| c        | Enter                 | the amount of reserves on hand   | 13c          |                           |            |     |     |
| 14a      | Dıd th                | e organization receive any payments for indoor tanning services during the tax   | year         | ?                         | 14a        |     | No  |
| ь        | If"Ye                 | s," has it filed a Form 720 to report these payments? If "No," provide an explana  | tion in      | Schedule O                | 14b        |     |     |

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|-----|---|-------|---------|------|
| Par | For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  | or 10 | )b belo | w,   |
|     | Check if Schedule O contains a response or note to any line in this Part VI   |       |         | 🔽    |
| Se  | ection A. Governing Body and Management   |       |         |      |
|     |   |       | Yes     | No   |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 11  |       |         |      |
|     | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O              |       |         |      |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b 5   |       |         |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2     |         | No   |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .         | 3     |         | No   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4     |         | No   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .  | 5     |         | No   |
| 6   | Did the organization have members or stockholders?  | 6     |         | No   |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7a    |         | No   |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | 7b    |         | No   |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |       |         |      |
| а   | The governing body?   | 8a    | Yes     |      |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b    | Yes     |      |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                  | 9     |         | No   |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R   | eveni | ue Cod  | e.)  |
|     |   |       | Yes     | No   |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a   |         | No   |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,<br>affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b   |         |      |

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes  ${f b}$  Other officers or key employees of the organization . . . . . . . . . 15b Yes 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 **16**a Νo **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 Section C. Disclosure

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

List the States with which a copy of this Form 990 is required to be filed▶

Part VII

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

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

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

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

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

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

| (A)<br>Name and Title                            | (B) A verage hours per week (list any hours for related | ore t<br>ss pe<br>offi            | han<br>erso<br>cer<br>tor/t | C) o not check n one box, on is both an r and a //trustee) |              |                                 | (D) Reportable compensation from the organization (W- 2/1099- | Reportable compensation from related organizations (W- 2/1099- | Estimated amount of other compensation from the |  |
|--|---|-----------------------------------|-----------------------------|--|--------------|---------------------------------|---|--|---|--|
|  | organizations<br>below<br>dotted line)                  | Individual trustee<br>or director | Institutional Trustee       | Officer  | key employee | Highest compensated<br>employee | Former  | MISC)  | MISC)   | organization<br>and related<br>organizations |
| (1) Adrienne Y Bailey                            | 1 0   |                                   |                             |  |              |                                 |   |  |   |  |
| Director   | 0 0   | ×                                 |                             |  |              |                                 |   | 0  | 0   | C  |
| (2) Sunil SONNY Garg Vice Chair                  | 2 0   | х                                 |                             | ×  |              |                                 |   | 0  | 0   | C  |
| (3) Susan c Levine Director                      | 1 0<br>40 0   | х                                 |                             |  |              |                                 |   | 0  | 238,319   | 42,257                                       |
| (4) Colm A O'Muircheartaigh Director             | 1 0<br>40 0   | х                                 |                             |  |              |                                 |   | 0  | 270,008   | 97,345                                       |
| (5) Jim Croft<br>Treasurer                       | 2 0   | x                                 |                             | ×  |              |                                 |   | 0  | 0   | C  |
| (6) Neil B Guterman<br>Director                  | 1 0<br>40 0   | x                                 |                             |  |              |                                 |   | 0  | 412,379   | 69,348                                       |
| (7) John Mark Hansen<br>Chair                    | 2 0<br>40 0   | x                                 |                             | ×  |              |                                 |   | 0  | 364,979   | 125,727                                      |
| (8) Mancela Garcia<br>Director                   | 1 0<br>0 0  | x                                 |                             |  |              |                                 |   | 0  | 0   | C  |
| (9) David B Fithian Director                     | 1 0   | x                                 |                             |  |              |                                 |   | 0  | 568,477   | 36,556                                       |
| (10) Melissa Gilliam<br>Director                 | 1 0<br>40 0   | ×                                 |                             |  |              |                                 |   | 0  | 329,682   | 52,285                                       |
| (11) MARY ELLEN CARON                            | 1 0   | Х                                 |                             |  |              |                                 |   | 0  | 0   | C  |
| DIRECTOR   | 0 0   |                                   |                             |  |              |                                 |   |  |   |  |
| (12) Bryan Samuels  Executive Director           | 40 0  |                                   |                             | x  |              |                                 |   | 314,871  | 0   | 26,636                                       |
| (13) David Savage DIRECTOR, FINANCIAL OPERATIONS | 40 0  |                                   |                             | ×  |              |                                 |   | 120,244  | 0   | C  |
| (14) Robert M GOERGE                             | 40 0  |                                   |                             |  |              | х                               |   | 237,902  | 0   | 33,019                                       |

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

| (A)<br>Name and Title   | (B) A verage hours per week (list any hours for related | m<br>unle:                        | ore t                 | han<br>erso<br>cer<br>tor/l | not<br>one<br>n is<br>and |                              |        | (D) Reportable compensation from the organization (W- 2/1099- | (E)<br>Reportable<br>compensatio<br>from related<br>organization<br>(W- 2/1099 | n am<br>comp | (F)<br>timated<br>count of<br>other<br>censation<br>om the |
|---|---|-----------------------------------|-----------------------|-----------------------------|---------------------------|------------------------------|--------|---|--|--------------|--|
|   | organizations<br>below<br>dotted line)                  | Individual trustee<br>or director | Institutional Trustee | Officer                     | key employee              | Highest compensated employee | Former | MISC)   | MISC)  | and          | inization<br>related<br>nizations                          |
| (15) Friedhelm Wulczyn  | 40 0  |                                   |                       |                             |                           | х                            |        | 231,983   |  | 0            | 24,608   |
| SENIOR Research Fellow (16) Deborah Daro Tuggle   | 0 0<br>40 0   |                                   |                       |                             |                           |                              |        |   |  | -            |  |
|   |   |                                   |                       |                             |                           | x                            |        | 190,494   |  | 0            | 29,011   |
| SENIOR Research Fellow (17) Clare Anderson  | 0 0<br>40 0   |                                   |                       |                             |                           |                              |        |   |  | -            |  |
| Policy Fellow   | 0 0   |                                   |                       |                             |                           | ×                            |        | 165,444   |  | 0            | 14,166   |
| (18) JOHN LYONS   | 40 0  |                                   |                       |                             |                           | x                            |        | 105.010   |  | 0            | 26.024   |
| SENIOR POLICY FELLOW  | 0.0   |                                   |                       |                             |                           |                              |        | 195,919   |  | <u> </u>     | 26,924   |
|   |   |                                   |                       |                             |                           |                              |        |   |  |              |  |
|   |   |                                   |                       |                             |                           |                              |        |   |  |              |  |
|   |   |                                   |                       |                             |                           |                              |        |   |  |              |  |
|   |   |                                   |                       |                             |                           |                              |        |   |  |              |  |
| 1b Sub-Total  |   |                                   |                       | ightharpoonup               |                           |                              |        |   |  |              |  |
| c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)                |   |                                   |                       | <b>&gt;</b>                 |                           |                              | 1,4    | 56,857  | 2,183,844  |              | 577,882  |
| Total number of individuals (including but n<br>\$100,000 of reportable compensation from |   |                                   |                       | bove                        | e) w                      | ho red                       | ceiv   | ed more than  |  |              |  |

|   | _   |   | Yes | No |
|---|---|---|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee   |   |     |    |
|   | on line 1a? If "Yes," complete Schedule J for such individual   | 3 |     | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such |   |     |    |
|   | ındıvıdual  | 4 | Yes |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person            | 5 |     | No |

#### Section B. Independent Contractors

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

| (A) Name and business address   | (B) Description of services | (C)<br>Compensation |
|---|-----------------------------|---------------------|
| UNIVERSITY OF CHICAGO,<br>75 REMITTANCE DRIVE SUITE 1958<br>CHICAGO, IL 60675 | SUBCONTRACTOR FEES          | 352,482             |
|   |                             |                     |
|   |                             |                     |

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

| Form 99   |         | <u>`</u>   |   |                                 |                   |  |   | Page <b>9</b>  |
|---|---------|--|---|---------------------------------|-------------------|--|---|--|
| Part V  | /++:    | Statement o  |   |                                 |                   |  |   |  |
|   |         | Check If Schedi  | ule O contains a respon                             | se or note to any lir           | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| တ ည   | 1a      | Federated cam  | paigns 1a   |                                 |                   |  |   |  |
| Grants<br>mounts  | ь       | Membership du  | es <b>1b</b>  |                                 |                   |  |   |  |
| Ğ. G.   | С       | Fundraising eve  | ents <b>1c</b>                                      |                                 |                   |  |   |  |
| iffs,<br>ar A   | d       | Related organiz  | ations 1d   |                                 |                   |  |   |  |
| Contributions, Giffs, Grants<br>and Other Similar Amounts | е       | Government grants  | s (contributions) <b>1e</b>                         |                                 |                   |  |   |  |
| ion<br>I Si   | f       | All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above |   | 602,795                         |                   |  |   |  |
| but<br>the  | g       |  | ot included above                                   |                                 |                   |  |   |  |
| a di  |         | 1a-1f \$   |   |                                 |                   |  |   |  |
| Contand   | h       | Total. Add lines   | s 1a-1f   |                                 | 602,795           |  |   |  |
| Ę   |         | DECEMBELL DELEGRA  |   | Business Code                   |                   |  |   |  |
| Program Service Revenue                                   | 2a<br>b | RESEARCH REVEN   | UE  | 541900                          | 15,257,922        | 15,257,922                             |   |  |
| o≛<br>o±  | C       |  |   |                                 |                   |  |   |  |
| Ť<br>Š  | d       |  |   |                                 |                   |  |   |  |
| ૐ<br>=  | е       |  |   |                                 |                   |  |   |  |
| gran  | f       | All other progra   | am service revenue                                  |                                 |                   |  |   |  |
| Ě   | g       | Total. Add lines   | L<br>s 2a-2f  | >                               | 15,257,922        |  |   |  |
|   | 3       | Investment inc   | ome (including dividend                             | s, interest,                    | 277,485           |  |   | 277,485  |
|   | 4       | and other similar  | ar amounts)<br>stment of tax-exempt bond p          | -                               | 2/7,483           |  |   | 277,463  |
|   | 5       |  |   | <b>▶</b>                        | 0                 |  |   |  |
|   |         |  | (ı) Real  | (11) Personal                   |                   |  |   |  |
|   | 6a      | Gross rents  | 424,777   |                                 |                   |  |   |  |
|   | b       | Less rental expenses   | 516,715   |                                 |                   |  |   |  |
|   | С       | Rental income<br>or (loss)   | -91,938   | 0                               |                   |  |   |  |
|   | d       |  | me or (loss)  |                                 | -91,938           | -91,938                                |   |  |
|   |         |  | (ı) Securities                                      | (II) Other                      |                   |  |   |  |
|   | 7a      | Gross amount<br>from sales of<br>assets other<br>than inventory                          | 1,588,207   |                                 |                   |  |   |  |
|   | b       | Less cost or other basis and   | 1,265,991   |                                 |                   |  |   |  |
|   |         | sales expenses<br>Gain or (loss)   | 322,216   |                                 |                   |  |   |  |
|   | c<br>d  | Net gain or (los   |   |                                 | 322,216           |  |   | 322,216  |
| Other Revenue   | 8a      | Gross income f events (not inc \$ of contributions                                       | rom fundraising<br>luding<br>s reported on line 1c) |                                 |                   |  |   |  |
| <u>γ</u>  |         | See Part IV, lin   | ne 18 a   |                                 |                   |  |   |  |
| ŧ   | b       |  | penses <b>b</b>                                     |                                 |                   |  |   |  |
| •   | С       |  | (loss) from fundraising e                           | vents ▶                         | 0                 |  |   |  |
|   | 9a      | Gross income f<br>See Part IV, lin   | rom gaming activities<br>le 19<br><b>a</b>          |                                 |                   |  |   |  |
|   |         |  | penses <b>b</b>                                     |                                 | 0                 |  |   |  |
|   |         | Net income of (  | loss) from gamıng actıv)                            | ities ▶                         | S                 |  |   |  |
|   | 10a     | Gross sales of returns and allo  |   |                                 |                   |  |   |  |
|   | b       |  | oods sold b   |                                 |                   |  |   |  |
|   | С       | Net income or (  | (loss) from sales of inve                           | ntory <b>&gt;</b> Business Code | 0                 |  |   |  |
|   | 11a     | miscenaneous   | 3 NEVEHUE   | Dusiness Code                   |                   |  |   |  |
|   | ь       |  |   |                                 |                   |  |   |  |
|   | С       |  |   |                                 |                   |  |   |  |
|   | d       | All other reven  | ue  |                                 |                   |  |   |  |
|   | е       | Total. Add lines   | s 11a-11d   | 🔸                               | 0                 |  |   |  |
|   | 12      | Total revenue.   | See Instructions                                    | · · · •                         | 16,368,480        | 15,165,984                             |   | 599,701  |

## Part IX Statement of Functional Expenses

| Section $501(c)(3)$ and $501(c)(4)$ | ) organizations must complete al. | I columns All other organizations | must complete column (A |
|-------------------------------------|-----------------------------------|-----------------------------------|-------------------------|
|                                     |                                   |                                   |                         |

|    | ot include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
|----|--|-----------------------|---|--|---------------------------------------|
| 1  | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  | 0                     |   |  |                                       |
| 2  | Grants and other assistance to domestic individuals See Part IV, line 22   | 0                     |   |  |                                       |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16  | 0                     |   |  |                                       |
| 4  | Benefits paid to or for members  | 0                     |   |  |                                       |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 475,662               | 5,978                                     | 469,684  |                                       |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$   | 0                     |   |  |                                       |
| 7  | Other salaries and wages   | 9,189,061             | 7,970,281                                 | 1,218,780  |                                       |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 729,571               |   | 729,571  |                                       |
| 9  | Other employee benefits  | 998,879               | 722,513                                   | 276,366  |                                       |
| 10 | Payroll taxes  |                       |   |  |                                       |
|    |  | 687,645               |   | 687,645  |                                       |
| 11 | Fees for services (non-employees)  |                       |   |  |                                       |
| a  | Management   | 0                     |   |  |                                       |
| b  | Legal  | 26,425                | 199                                       | 26,226   |                                       |
| С  | Accounting   | 9,157                 |   | 9,157  |                                       |
| d  | Lobbying   | 0                     |   |  |                                       |
| e  | Professional fundraising services See Part IV, line 17   | 0                     |   |  |                                       |
| f  | Investment management fees   | 163,017               |   | 163,017  |                                       |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 2,979,972             | 2,416,972                                 | 563,000  |                                       |
| 12 | Advertising and promotion  | 0                     |   |  |                                       |
| 13 | Office expenses  | 137,921               | 43,499                                    | 94,422   |                                       |
| 14 | Information technology   | 220,954               | 57,619                                    | 163,335  |                                       |
| 15 | Royalties  | 0                     |   |  |                                       |
| 16 | Occupancy  | 0                     |   |  |                                       |
| 17 | Travel   | 604,655               | 512,782                                   | 91,873   |                                       |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0                     |   |  |                                       |
| 19 | Conferences, conventions, and meetings   | 0                     |   |  |                                       |
| 20 | Interest   | 116,259               |   | 116,259  |                                       |
| 21 | Payments to affiliates   | 0                     |   |  |                                       |
| 22 | Depreciation, depletion, and amortization  | 94,121                |   | 94,121   |                                       |
| 23 | Insurance  | 13,815                |   | 13,815   |                                       |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                   |                       |   |  |                                       |
| а  | INDIRECT COST ALLOCATION   | 497,467               | 1,150,703                                 | -653,236   |                                       |
| b  | PROFESSIONAL DEVELOPMENT   | 113,193               | 10,587                                    | 102,606  |                                       |
| c  | BUSINESS MEALS   | 95,648                | 69,393                                    | 26,255   |                                       |
| d  | SEARCH FIRM/JOB POSTING FEES   | 64,017                |   | 64,017   |                                       |
| e  | All other expenses   | 69,933                | 392                                       | 69,541   |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e   | 17,287,372            | 12,960,918                                | 4,326,454  | 0                                     |
| 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) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 646,078 1,088,992 1 Cash-non-interest-bearing . . . . 1 2 5.922.940 2 3.851.169 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4,831,283 4 5,738,736 Accounts receivable, net . . 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 6 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 instructions) Complete Part II of Schedule L 0 0 Notes and loans receivable, net . . 0 7 7 0 0 8 Inventories for sale or use 8 288,819 13,585 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 6.446,407 Complete Part VI of Schedule D 10a 4,078,677 2,464,881 b 10b 2.367.730 Less accumulated depreciation . 10c Investments—publicly traded securities . 0 11 11 29,781,986 12 27,509,346 12 Investments—other securities See Part IV, line 11 0 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets . . . . 0 14 0 0 0 15 Other assets See Part IV, line 11 . 15 16 43,935,987 40,569,558 **Total assets.** Add lines 1 through 15 (must equal line 34) 16 17 1,616,839 17 2,331,343 Accounts payable and accrued expenses 18 Grants payable 0 18 0 5,750,267 4,049,882 19 Deferred revenue 19 20 3,050,000 20 2,800,000 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . 21 22 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 . . . . . . 0 22 0 n 23 Secured mortgages and notes payable to unrelated third parties 23 0 0 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 368.645 25 373,324 10,785,751 9,554,549 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶

28, 150, 236

5,000,000

33, 150, 236

43,935,987

0 28

27

29

30 31

32

33

34

26,015,009

5,000,000

31,015,009

40.569.558

Form 990 (2015)

n

Net Assets or Fund Balances

27

28

29

30

31

32

33

34

lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here >

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Unrestricted net assets

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on Both consolidated and separate basis

a separate basis, consolidated basis, or both Separate basis Consolidated basis

1 Accounting method used to prepare the Form 990

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

basis, consolidated basis, or both

Schedule O

Schedule O

Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Single Audit Act and OMB Circular A-133?

Consolidated basis

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

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Both consolidated and separate basis of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Cash ✓ Accrual COther

2b Yes

2c

3a

3b

Yes

Yes

Yes Form 990 (2015)

2a

Yes

No

Νo

SCHEDULE A (Form 990 or 990EZ)

Internal Revenue Service

Name of the organization

CHAPIN HALL CENTER FOR CHILDREN CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

Department of the

Treasury

1

2

3

# **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

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

2( Open

Employer identification number

36-2167012

Open to Public Inspection

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box 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 Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

15,257,922

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A | . Public | Support |
|-----------|----------|---------|
|-----------|----------|---------|

12

|        | ection A. Fublic Support  |                 |                 |                 |                  |                 |                  |
|--------|---|-----------------|-----------------|-----------------|------------------|-----------------|------------------|
| /01    | Calendar year<br>fiscal year beginning in) ▶  | <b>(a)</b> 2011 | <b>(b)</b> 2012 | <b>(c)</b> 2013 | <b>(d)</b> 2014  | <b>(e)</b> 2015 | <b>(f)</b> Total |
| 1      | Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )   | 11,836,099      | 8,746,261       | 9,406,039       | 11,971,907       | 602,795         | 42,563,101       |
| 2      | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                 |                 |                 |                  |                 | 0                |
| 3      | The value of services or facilities furnished by a governmental unit to the organization without charge                                 |                 |                 |                 |                  |                 | 0                |
| 4<br>5 | <b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly       | 11,836,099      | 8,746,261       | 9,406,039       | 11,971,907       | 602,795         | 42,563,101       |
|        | supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11, column<br>(f)                          |                 |                 |                 |                  |                 | 2,902,757        |
| 6      | <b>Public support.</b> Subtract line 5 from line 4  |                 |                 |                 |                  |                 | 39,660,344       |
| S      | ection B. Total Support   |                 |                 |                 |                  |                 |                  |
|        | Calendar year   | <b>(a)</b> 2011 | <b>(b)</b> 2012 | <b>(c)</b> 2013 | ( <b>d)</b> 2014 | <b>(e)</b> 2015 | <b>(f)</b> Total |
| 7      | Amounts from line 4   | 11,836,099      | 8,746,261       | 9,406,039       | 11,971,907       | 602,795         | 42,563,101       |
| 8      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources | 735,267         | 796,562         | 831,862         | 758,279          | 702,262         | 3,824,232        |
| 9      | Net income from unrelated business activities, whether or not the business is regularly carried on                                      |                 |                 |                 |                  |                 | 0                |
| 10     | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)   |                 |                 |                 |                  |                 | 0                |
| 11     | <b>Total support.</b> Add lines 7 through 10  |                 |                 |                 |                  |                 | 46,387,333       |

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

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

Gross receipts from related activities, etc (see instructions)

| 14 | Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | 14 | 85 498 % |
|----|--|----|----------|
| 15 | Public support percentage for 2014 Schedule A, Part II, line 14                        | 15 | 88 032 % |

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

| Se   | ction A. Public Support   |                          |                   |                       |                      |                 |  |
|------|---|--------------------------|-------------------|-----------------------|----------------------|-----------------|--|
|      | Calendar year   | (a)2011                  | <b>(b)</b> 2012   | (c)2013               | (d)2014              | <b>(e)</b> 2015 | <b>(f)</b> ⊤otal                       |
| •    | iscal year beginning in) ▶  |                          | (-,               | (-/                   | ( -,                 | (-)             | (-,                                    |
| 1    | Gifts, grants, contributions, and membership fees received (Do    | I                        |                   |                       |                      |                 |  |
|      | not include any "unusual grants")                                 | I                        |                   |                       |                      |                 |  |
| 2    | Gross receipts from admissions,                                   | <br>[                    |                   |                       |                      |                 |  |
| _    | merchandise sold or services                                      | I                        |                   |                       |                      |                 |  |
|      | performed, or facilities furnished                                | I                        |                   |                       |                      |                 |  |
|      | in any activity that is related to                                | I                        |                   |                       |                      |                 |  |
|      | the organization's tax-exempt                                     | I                        |                   |                       |                      |                 |  |
| _    | purpose   |                          |                   |                       |                      |                 |  |
| 3    | Gross receipts from activities that are not an unrelated trade or | I                        |                   |                       |                      |                 |  |
|      | business under section 513  | I                        |                   |                       |                      |                 |  |
| 4    | Tax revenues levied for the                                       |                          |                   |                       |                      |                 |  |
| •    | organization's benefit and either                                 | I                        |                   |                       |                      |                 |  |
|      | paid to or expended on its behalf                                 |                          |                   |                       |                      |                 |  |
| 5    | The value of services or facilities                               | I                        |                   |                       |                      |                 |  |
|      | furnished by a governmental unit                                  | 1                        |                   |                       |                      |                 |  |
| _    | to the organization without charge                                |                          |                   |                       |                      |                 |  |
| 6    | <b>Total.</b> Add lines 1 through 5                               |                          |                   |                       |                      |                 |  |
| 7a   | A mounts included on lines 1, 2, and 3 received from disqualified | 1                        |                   |                       |                      |                 |  |
|      | persons   | I                        |                   |                       |                      |                 |  |
| b    | Amounts included on lines 2 and                                   | ĺ                        |                   |                       |                      |                 |  |
|      | 3 received from other than  | I                        |                   |                       |                      |                 |  |
|      | disqualified persons that exceed                                  | 1                        |                   |                       |                      |                 |  |
|      | the greater of \$5,000 or 1% of                                   | I                        |                   |                       |                      |                 |  |
|      | the amount on line 13 for the year                                |                          |                   |                       |                      |                 |  |
|      | Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c      |                          |                   |                       |                      |                 |  |
| 8    | from line 6 )   | 1                        |                   |                       |                      |                 |  |
| Se   | ction B. Total Support  |                          |                   |                       |                      |                 |  |
|      | Calendar year   |                          | T                 |                       | I                    |                 |  |
| or f | iscal year beginning in) ▶  | <b>(a)</b> 2011          | <b>(b)</b> 2012   | <b>(c)</b> 2013       | (d)2014              | <b>(e)</b> 2015 | <b>(f)</b> Total                       |
| 9    | A mounts from line 6  |                          |                   |                       |                      |                 |  |
| 0a   | Gross income from interest,                                       |                          |                   |                       |                      |                 |  |
|      | dividends, payments received on                                   |                          |                   |                       |                      |                 |  |
|      | securities loans, rents, royalties                                |                          |                   |                       |                      |                 |  |
|      | and income from similar sources                                   |                          |                   |                       |                      |                 |  |
| b    | Unrelated business taxable income (less section 511 taxes)        |                          |                   |                       |                      |                 |  |
|      | from businesses acquired after                                    |                          |                   |                       |                      |                 |  |
|      | June 30, 1975   |                          |                   |                       |                      |                 |  |
| c    | Add lines 10a and 10b   |                          |                   |                       |                      |                 |  |
| L1   | 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      |                          |                   |                       |                      |                 |  |
| L2   | gain or loss from the sale of                                     |                          |                   |                       |                      |                 |  |
|      | capital assets (Explain in Part                                   |                          |                   |                       |                      |                 |  |
|      | VI)   |                          |                   |                       |                      |                 |  |
| L3   | Total support. (Add lines 9, 10c,                                 |                          |                   |                       |                      |                 |  |
| L4   | 11, and 12)  First five years.If the Form 990 is f                | or the organizati        | on's first second | third fourth or       | fifth tay year ac a  | soction FO1/a   | \(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| .4   | •   | or the organization      | on s mst, second  | , tillia, louitii, oi | ilitii tax yeal as a | section 301(c   |  |
| 50   | check this box and stop here                                      | lic Support B            | orcontago         |                       |                      |                 | <b>•</b>                               |
|      | ction C. Computation of Pub                                       |                          |                   | 12 (6)                |                      |                 |  |
| L5   | Public support percentage for 2015                                | •                        | • •               | 13, column (f))       |                      | 15              |  |
| L6   | Public support percentage from 201                                | .4 Schedule A, P         | art III, line 15  |                       |                      | 16              |  |
| Se   | ction D. Computation of Inv                                       | estment Inco             | me Percenta       | ge                    |                      |                 |  |
| L7   | Investment income percentage for                                  | <b>2015</b> (line 10c, c | olumn (f) dıvıded | by line 13, colun     | nn (f))              | 17              |  |
| 18   | Investment income percentage from                                 | n <b>2014</b> Schedule   | A, Part III, line | 17                    |                      | 18              |  |
|      | 33 1/3% support tests—2015.If the                                 |                          |                   |                       | l line 15 is more t  |                 | and line 17 is not                     |
|      | more than 33 1/3%, check this box                                 |                          |                   |                       |                      |                 | Ma III € 17 13 110€                    |
| b    | 33 1/3% support tests—2014.If the                                 | -                        |                   |                       |                      | -               | •                                      |
|      | 18 is not more than 33 1/3%, check                                | -                        |                   |                       |                      |                 | _                                      |
| 20   | Private foundation. If the organizati                             |                          | -                 | ·                     |                      |                 | •                                      |

#### Part IV Supporting Organizations

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

|    | I, complete Sections A and D, and complete Part V)   |             |     |          |
|----|--|-------------|-----|----------|
| Se | ction A. All Supporting Organizations  |             |     |          |
|    | Averally of the community of community of community of community of the community of community o |             | Yes | No       |
| 1  | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain   | 1           |     |          |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section   | 2           |     |          |
|    | 509(a)(1) or (2)   |             |     | <u> </u> |
| 3а | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below  | 3a          |     |          |
| 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 <b>Part VI</b> when and how the organization made the determination  | 3b          |     |          |
| c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?   | <b>3</b> c  |     |          |
| 4a | If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?  |             |     | l        |
|    | If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below   | 4a          |     |          |
| b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  | 4b          |     |          |
|    | 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  | 4c          |     |          |
|    | organization was used exclusively for section 170(c)(2)(B) purposes  |             |     | l        |
| 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)   | 5a          |     |          |
| b  | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in  | 5b          |     |          |
| c  | the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | 5c          |     |          |
|    | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to   | J.          |     |          |
|    | anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .  | 6           |     |          |
| 7  | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)   | 7           |     |          |
| 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 II of Schedule L (Form 990)   | 8           |     |          |
| 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 <b>Part VI</b> .  | 9a          |     |          |
| b  | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9b          |     |          |
| c  | Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .   | <b>9</b> c  |     |          |
| 0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below  | 10a         |     |          |
| 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)  | <b>10</b> b |     |          |
| 1  | Has the organization accepted a gift or contribution from any of the following persons?  |             |     |          |
| а  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  | <b>11</b> a |     |          |
|    | A family member of a person described in (a) above?  | 11b         |     |          |
| c  | 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   | <b>11</b> c |     |          |

| Part IV | Supporting | Organizations | (continued) |
|---------|------------|---------------|-------------|

|         |   |      |   | 9 9        |       | (         |
|---------|---|------|---|------------|-------|-----------|
| Section | R | Tyne | T | Supporting | Orgai | nizations |

| Se       | ection B. Type I Supporting Organizations   |          |          |    |
|----------|---|----------|----------|----|
|          |   |          | Yes      | No |
| 1        | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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        |          |    |
| 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization   | 2        |          |    |
| Se       | ection C. Type II Supporting Organizations  |          |          |    |
| 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)   | 1        | Yes      | No |
| Se       | ection 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 organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1        |          |    |
| 2        | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how 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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard   | 3        |          |    |
| <u> </u> | ection E. Type III Functionally-Integrated Supporting Organizations   |          |          |    |
| 1<br>1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  | instru   | ictions) |    |
| C        | The organization supported a governmental entity Describe in Part VI how you supported a government ei<br>instructions)   | ntity (s | see      |    |
| 2        | ,   |          | Yes      | No |
| ā        | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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       |          |    |
| Ł        | Do 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  | 2b       |          |    |
| 3        | Parent of Supported Organizations Answer (a) and (b) below.   |          |          |    |
|          | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>  | 3a       |          |    |
| t        | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard   | 3b       |          |    |

| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Suppor  | ting O     | rganizations               |                             |
|-----|--|------------|----------------------------|-----------------------------|
| 1   | Check here if the organization satisfied the Integral Part Test as a qualifying tr   | ust on N   | ov 20,1970 <b>See inst</b> | ructions. All other         |
|     | Type III non-functionally integrated supporting organizations must complete S  | ections    | A through E                | Г                           |
|     | Section 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          |                            |                             |
|     |  |            |                            |                             |
|     | Section 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)   | 1          |                            |                             |
| а   | A verage monthly value of securities   | <b>1</b> a |                            |                             |
| b   | Average monthly cash balances  | 1b         |                            |                             |
| c   | Fair market value of other non-exempt-use assets   | <b>1</b> c |                            |                             |
| d   | Total (add lines 1a, 1b, and 1c)   | <b>1</b> d |                            |                             |
| e   | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)   |            |                            |                             |
| 2   | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                            |                             |
| 3   | Subtract line 2 from line 1d   | 3          |                            |                             |
| 4   | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4          |                            |                             |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                            |                             |
| 6   | Multiply line 5 by 035   | 6          |                            |                             |
| 7   | Recoveries of prior-year distributions   | 7          |                            |                             |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8          |                            |                             |
|     |  |            |                            |                             |
|     | Section 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          |                            |                             |
| 4   | Enter greater of line 2 or line 3  | 4          |                            |                             |
| 5   | Income tax imposed in prior year   | 5          |                            |                             |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                            |                             |
| 7   | Check here if the current year is the organization's first as a non-functionally-instructions)   | ntegrate   | d Type III supporting o    | organization (see           |

| Part V Type III Non-Functionally Integra  | ated 509(a)(3) Suppo          | rting Organizations (co                | ontinuea)                                 |
|---|-------------------------------|--|---|
| Section D - Distributions   |                               |  | Current Year                              |
| 1 Amounts paid to supported organizations to accom  | plish exempt purposes         |  |   |
| 2 A mounts paid to perform activity that directly furthe excess of income from activity   | ers exempt purposes of supp   | ported organizations, in               |   |
| 3 Administrative expenses paid to accomplish exemp  | ot purposes of supported org  | anızatıons                             |   |
| 4 Amounts paid to acquire exempt-use assets   |                               |  |   |
| 5 Qualified set-aside amounts (prior IRS approval rec   | quired)                       |  |   |
| 6 Other distributions (describe in Part VI) See instru  | ictions                       |  |   |
| · · · · · · · · · · · · · · · · · · ·   | 20010115                      |  |   |
| 7 Total annual distributions. Add lines 1 through 6   |                               |  |   |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions   | o which the organization is r | esponsive (provide                     |   |
| 9 Distributable amount for 2015 from Section C, line  | 6                             |  |   |
| 10 Line 8 amount divided by Line 9 amount   |                               |  |   |
|   |                               | T                                      | T   |
| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
| 1 Distributable amount for 2015 from Section C, line 6  |                               |  |   |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)   |                               |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2015  |                               |  |   |
| a   |                               |  |   |
| b   |                               |  |   |
| <u>c</u>  |                               |  |   |
| 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)  |                               |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                               |  |   |
| 4 Distributions for 2015 from Section D, line 7 \$  |                               |  |   |
| Applied to underdistributions of prior years  |                               |  |   |
| <b>b</b> Applied to 2015 distributable amount   |                               |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                               |  |   |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                               |  |   |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                               |  |   |
| <b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c  |                               |  |   |
| 8 Breakdown of line 7   |                               |  |   |
| a   |                               |  |   |
| b   |                               |  |   |
| <b>c</b> Excess from 2013   |                               |  |   |
| <b>d</b> From 2014  |                               |  |   |
| <b>e</b> From 2015  |                               |  |   |
|   |                               |  | (F 000 000 F7) /2 0 1 F                   |

### **SCHEDULE D**

(Form 990)

Department of the

Internal Revenue Service

Treasury

# **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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

DLN: 93493131033097

Open to Public **Inspection** 

|     | me of the organization<br>APIN HALL CENTER FOR CHILDREN   |  | Empl       | oyer identification number     |
|-----|---|--|------------|--------------------------------|
|     | APIN HALL AT THE UNIVERSITY OF CHICAGO  |  | 36-2       | 167012                         |
| Pa  |   | Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.     | unds       | or Accounts.                   |
|     |   | (a) Donor advised funds  | (b)        | Funds and other accounts       |
| L   | Total number at end of year   |  |            |                                |
| 2   | Aggregate value of contributions to (during year)   |  |            |                                |
| 3   | Aggregate value of grants from (during year)  |  |            |                                |
| 1   | Aggregate value at end of year  |  |            |                                |
| 5   | Did the organization inform all donors and donor a funds are the organization's property, subject to t  |  | nor advis  | sed <b>Yes No</b>              |
| 5   | Did the organization inform all grantees, donors, a<br>used only for charitable purposes and not for the<br>conferring impermissible private benefit?               |  |            | purpose Yes No                 |
| Pai | rt III Conservation Easements. Comple   | ete if the organization answered "Yes" o                                   | n Forn     | n 990, Part IV, line 7.        |
| L   | Purpose(s) of conservation easements held by th   | e organızatıon (check all that apply)                                      |            |                                |
|     | $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $  |  | n histor   | ıcally ımportant land area     |
|     | Protection of natural habitat   | Preservation of a  | certifie   | d historic structure           |
|     | Preservation of open space  |  |            |                                |
| 2   | Complete lines 2a through 2d if the organization leasement on the last day of the tax year  | held a qualified conservation contribution in t                            | the form   | of a conservation              |
|     |   |  |            | Held at the End of the Year    |
| а   | Total number of conservation easements  |  | 2a         |                                |
| b   | Total acreage restricted by conservation easeme   | nts  | 2b         |                                |
| c   | Number of conservation easements on a certified   | historic structure included in (a)   | <b>2</b> c |                                |
| d   | Number of conservation easements included in (c<br>historic structure listed in the National Register   | e) acquired after 8/17/06, and not on a                                    | 2d         |                                |
| 3   | Number of conservation easements modified, tran   | nsferred, released, extinguished, or terminate                             | ed by th   | e organization during the      |
|     | tax year ▶  |  |            |                                |
| ı   | Number of states where property subject to cons   | ervation easement is located <b>&gt;</b>                                   |            |                                |
| 5   | Does the organization have a written policy regard violations, and enforcement of the conservation e  |  | dling of   | ┌ Yes                          |
| 5   | Staff and volunteer hours devoted to monitoring, year   | inspecting, handling of violations, and enforc                             | ing cons   | ervation easements during the  |
|     | <b>&gt;</b>   |  |            |                                |
| ,   | A mount of expenses incurred in monitoring, inspe   | ecting, handling of violations, and enforcing c                            | onserva    | tion easements during the year |
|     | <b>▶</b> \$   |  |            |                                |
| 3   | Does each conservation easement reported on Iir (B)(I) and section $170(h)(4)(B)(II)$ ?   | ne 2(d) above satisfy the requirements of sec                              | ction 17   | 0(h)(4) Yes No                 |
| •   | In Part XIII, describe how the organization report<br>balance sheet, and include, if applicable, the text<br>the organization's accounting for conservation ea      | of the footnote to the organization's financia                             |            | •                              |
| ar  | Complete if the organization answere  | tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8. | or Oth     | er Similar Assets.             |
| La  | If the organization elected, as permitted under SF<br>works of art, historical treasures, or other similar<br>service, provide, in Part XIII, the text of the footr | assets held for public exhibition, education,                              | or resea   | arch in furtherance of public  |
| b   | If the organization elected, as permitted under SF works of art, historical treasures, or other similar   |  |            |                                |

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**>** \$ \_\_

| SCIIE      | dule D          | (FOIIII 990) 2015  |                                      |                             |                       |                          | Page ∠               |
|------------|-----------------|--|--------------------------------------|-----------------------------|-----------------------|--------------------------|----------------------|
| Par        | t III           | Organizations Maintaining (continued)  | Collections of                       | Art, Historical             | Treasures, or         | Other Similar A          | ssets                |
| 3          |                 | the organization's acquisition, accition items (check all that apply)        | cession, and other re                | ecords, check any           | of the following that | are a significant us     | e of its             |
| а          |                 | Public exhibition  |                                      | d $\Gamma$ Lo               | oan or exchange pro   | grams                    |                      |
| b          | _ :             | Scholarly research   |                                      | <b>e</b>                    | ther                  |                          |                      |
| c          |                 | Preservation for future generations  |                                      |                             |                       |                          |                      |
| 4          | •               | de a description of the organization   |                                      | xplain how they fur         | ther the organizatio  | n's exempt purpose       | e in                 |
| 5          |                 | g the year, did the organization sol<br>s to be sold to raise funds rather t |                                      |                             |                       |                          | s  No                |
| Pai        | rt IV           | Escrow and Custodial Arr<br>Complete if the organization<br>Part X, line 21. |                                      | n Form 990, Pai             | rt IV, line 9, or re  | ported an amour          | nt on Form 990,      |
| 1a         |                 | e organization an agent, trustee, cu<br>ded on Form 990, Part X?             | istodian or other inte               | ermediary for contr         | ubutions or other as  | sets not                 | s No                 |
| ь          | If"             | Yes," explain the arrangement in F   | Part XIII and comple                 | ete the following ta        | ble                   | Am                       | nount                |
| c          |                 | ginning balance  | are XIII and compre                  | te the following to         | 10                    |                          |                      |
| d          |                 | ditions during the year  |                                      |                             | 10                    |                          |                      |
| e          |                 | tributions during the year   |                                      |                             | 10                    | 2                        |                      |
| f          |                 | ding balance   |                                      |                             | 11                    | F                        |                      |
| <b>2</b> a | Did th          | ne organization include an amount  | on Form 990, Part X                  | , line 21, for escro        | w or custodial acco   | unt liability? <b>Ye</b> | s No                 |
| b          |                 | s," explain the arrangement in Par   |                                      |                             |                       |                          |                      |
| Pa         | rt V            | Endowment Funds. Compl   | ete if the organiza  (a)Current year | (b)Prior year               | b (c)Two years back   | (d)Three years back      | . (e)Four years back |
| 1a         | Begin           | ning of year balance   | 15,761,753                           | 15,354,876                  | 14,287,841            | 13,796,095               | 13,319,721           |
| b          | _               | ributions  | 0                                    | 0                           | 0                     | 0                        | 0                    |
| С          | Net ır<br>Iosse | nvestment earnings, gains, and<br>s  | -682,946                             | 459,061                     | 1,114,577             | 535,097                  | 519,867              |
| d          | Grant           | s or scholarships  | 0                                    | 0                           | 0                     | 0                        | 0                    |
| e          |                 | · · · · · · · · · · · · · · · · · · ·  | 0                                    | 0                           | 0                     | 0                        | 0                    |
| f          | •<br>A dmı      | nistrative expenses  | 56,327                               | 52,184                      | 47,542                | 43,351                   | 43,493               |
| g          |                 | f year balance   | 15,022,480                           | 15,761,753                  | 15,354,876            | 14,287,841               | 13,796,095           |
| 2          | Provi           | de the estimated percentage of the   | current year end ba                  | lance (line 1g, col         | umn (a)) held as      |                          |                      |
| а          | Board           | l designated or quasi-endowment 🖡  | 67 000 %                             |                             |                       |                          |                      |
| b          | Perm            | anent endowment ► 33 000 %   |                                      |                             |                       |                          |                      |
| c          |                 | orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c            | should equal 100%                    |                             |                       |                          |                      |
| За         | A re th         | nere endowment funds not in the po<br>ization by                             | ·                                    |                             | neld and administer   | ed for the               | Yes No               |
|            | (i) un          | related organizations  |                                      |                             |                       | 3                        | a(i) No              |
| b          |                 | elated organizations<br>es" on 3a(ii), are the related organi                |                                      | uıred on Schedule           | <br>R?                | <del></del>              | a(ii) Yes Bb Yes     |
| 4          |                 | ribe in Part XIII the intended uses  |                                      | endowment funds             |                       |                          |                      |
| Pai        | rt VI           | Land, Buildings, and Equip<br>Complete if the organization                   |                                      | Form 990 Part               | TV line 11a See       | Form 990 Part \          | / line 10            |
|            |                 | Description of property  | answered res to                      | (a) Cost or other (investme | basis Cost or other b | Accumulated              | (d)Book value        |
| <b>1</b> a | Land            |  |                                      |                             |                       |                          |                      |
| b          | Buildin         | gs   |                                      |                             | 5,688,                | 631 3,788,4              | 98 1,900,133         |
| c          | Leasel          | nold improvements  |                                      |                             |                       |                          |                      |
| d          | Fauinn          | nent   |                                      | . 1                         | 757.                  | 776 290,1                | 79 467,597           |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

2,367,730

| Part VII Investments—Other Securities. Co<br>See Form 990, Part X, line 12.   | omplete if the organi | zation answered 'Yes'     | on Form 990, Part IV, line 11b                             |
|---|-----------------------|---------------------------|--|
| (a) Description of security or category (including name of security)  | у                     | ( <b>b)</b> Book value    | (c)Method of valuation<br>Cost or end-of-year market value |
| (1)Financial derivatives (2)Closely-held equity interests   |                       |                           |  |
| (3)Other (A)INVESTMENT PORTFOLIO (TRIP)   |                       | 27,509,346                | F  |
| ()  |                       | 2.700070.10               | ·  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  | <b>&gt;</b>           | 27,509,346                |  |
| Part VIII Investments—Program Related. Complete if the organization answere   | d 'Yes' on Form 990   |                           |  |
| (a) Description of investment   | d res dirioini 990,   | (b) Book value            | (c) Method of valuation                                    |
|   |                       |                           | Cost or end-of-year market valu                            |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
| Tetal (Column (h) must equal Form 000, But V col (P) line 12  | <b>•</b>              |                           |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organizati              |                       | orm 990, Part IV, line 11 | d See Form 990, Part X, line 15                            |
| (a) Desc  |                       |                           | (b) Book value   |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
| _   |                       |                           |  |
|   | 15)                   |                           |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line <b>Part X Other Liabilities.</b> Complete if the org        | •                     | 'Yes' on Form 990, Pa     |  |
| See Form 990, Part X, line 25.  1. (a) Description of liability   | (b) Book value        |                           |  |
| Enderel Income toyee  |                       |                           |  |
| Federal income taxes  |                       | 0                         |  |
| INTEREST RATE SWAP  | 373,32                | 44                        |  |
| _   |                       | _                         |  |
|   |                       | _                         |  |
|   |                       | _                         |  |
|   |                       | _                         |  |
|   |                       | _                         |  |
|   |                       |                           |  |
|   |                       |                           |  |
|   |                       |                           |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  | 373,32                |                           |  |
| <b>2.</b> Liability for uncertain tax positions In Part XIII, proviorganization's liability for uncertain tax positions under F |                       |                           |  |
| XIII 🔼  |                       |                           |  |

Schedule D (Form 990) 2015

1

15,505,843

| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12                          |       |            |
|------|---|-------|------------|
| а    | Net unrealized gains (losses) on investments 2a -1,221,014                                  |       |            |
| b    | Donated services and use of facilities  |       |            |
| c    | Recoveries of prior year grants   |       |            |
| d    | Other (Describe in Part XIII )  |       |            |
|      |   |       |            |
| е    | Add lines <b>2a</b> through <b>2d</b>   | 2e    | -1,216,335 |
| 3    | Subtract line <b>2e</b> from line <b>1</b>  | 3     | 16,722,178 |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1                         |       |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 163,017               |       |            |
| b    | Other (Describe in Part XIII ) 4b -516,715  |       |            |
| c    | Add lines <b>4a</b> and <b>4b</b>   | 4c    | -353,698   |
| 5    | Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12) | 5     | 16,368,480 |
| Part |   | s per | Return.    |
|      | Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.                 |       | _          |
| 1    | Total expenses and losses per audited financial statements                                  | 1     | 17,641,070 |
| 2    | A mounts included on line 1 but not on Form 990, Part IX, line 25                           |       |            |
| а    | Donated services and use of facilities  |       |            |
| b    | Prior year adjustments  |       |            |
| c    | Other losses  |       |            |
| d    | Other (Describe in Part XIII )  |       |            |
| e    | Add lines <b>2a</b> through <b>2d</b>   | 2e    | 516,715    |
| 3    | Subtract line <b>2e</b> from line <b>1</b>  | 3     | 17,124,355 |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |       |            |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a 163,017                 |       |            |
| b    | Other (Describe in Part XIII)   |       |            |
| c    | Add lines <b>4a</b> and <b>4b</b>   | 4c    | 163,017    |

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

Total revenue, gains, and other support per audited financial statements.

# Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . .

Supplemental Information

# Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

information Return Reference Explanation PART V, LINE 4 - USE OF THE ORGANIZATION PLANS TO USE THE ENDOWMENT TO FINANCE RESEARCH OPERATIONS ENDOWMENT FUNDS AND TO PURSUE STRATEGIC OPPORTUNITIES AT CHAPIN HALL CHAPIN HALL'S INVESTMENTS, WHICH INCLUDE THE PERMANENTLY RESTRICTED ENDOWMENT, THE BOARD RESEARCH ENDOWMENT AND OTHER BOARD-DESIGNATED FUNDS (QUASI-ENDOWMENT), ARE INTENDED TO PROVIDE INCOME AND APPRECIATION OVER TIME, AT A RATE THAT EXCEEDS THE ANNUAL 5% RETURN FROM FUNDS AND MANAGEMENT FEES OVER TIME IT IS EXPECTED THAT THE FUNDS WILL GROW TO MATCH BOTH INFLATIONARY NEEDS AND STRATEGIC OPPORTUNITIES

17,287,372

| Schedule D (Form 990) 2015                        | Page <b>5</b>                                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Part XIII Supplemental Information (continued)    |  |  |  |  |  |  |  |
| Return Reference                                  | Explanation  |  |  |  |  |  |  |
| PART XI, LINE 2d -<br>RECONCILIATION OF REVENUE   | CHANGE IN FAIR VALUE OF INTEREST RATE SWAP \$4,679 |  |  |  |  |  |  |
| part xı, line 4b - RECONCILIATION<br>OF REVENUE   | RENTAL EXPENSES (\$516,715)                        |  |  |  |  |  |  |
| part xII, line 2d - RECONCILIATION<br>OF EXPENSES | RENTAL EXPENSES \$516,715                          |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

DLN: 93493131033097 OMB No 1545-0047

2015

| epar<br>reasi | rtment of the<br>ury                     | ► Information about Schedule J (Form   | 990) and its instructions is at <u>www.irs.</u>               |                         |            | o Put<br>ectio |      |
|---------------|--|--|---|-------------------------|------------|----------------|------|
|               | nal Revenue Service<br>me of the organiz | zation   |   | Employer identification | on nur     | nher           |      |
| CHA           | APIN HALL CENŤER F                       |  |   |                         | on nan     | iibei          |      |
|               |  | ons Regarding Compensation   |   | 36-2167012              |            |                |      |
| Ге            | Questi                                   | ons Regarding Compensation   |   |                         |            | Yes            | No   |
| <b>1</b> a    | Check the annr                           | roplate box(es) if the organization provide  | ed any of the following to or for a person l                  | isted on Form           |            | 163            | 140  |
| <b>-</b> a    |  | Section A, line 1a Complete Part III to p  |   |                         |            |                |      |
|               | <b>✓</b> Fırst-clas                      | s or charter travel  | Housing allowance or residence for                            | personal use            |            |                | ļ    |
|               | Travel for                               | companions   | Payments for business use of pers                             | onal residence          |            |                |      |
|               | Tax idemr                                | nification and gross-up payments   | Health or social club dues or initia                          | tion fees               |            |                | ļ    |
|               | Discretion                               | nary spending account  | Personal services (e.g., maid, chai                           | uffeur, chef)           |            | <br>           | <br> |
| b             | ,  | xes in line 1a are checked, did the organi<br>or provision of all of the expenses descri   | , , , , ,   | ,                       | 1b         | Yes            |      |
| 2             | Did the organiz                          | ation require substantiation prior to reiml  | bursing or allowing expenses incurred by                      | all                     |            |                |      |
|               | directors, trust                         | ees, officers, including the CEO/Executiv  | ve Director, regarding the items checked                      | ın line 1a?             | 2          | Yes            |      |
| 3             | organization's (                         | if any, of the following the filing organizat<br>CEO/Executive Director Check all that a<br>ed organization to establish compensatio | apply Do not check any boxes for metho                        | ds                      |            |                |      |
|               | ✓ Compensa                               | ation committee  | Written employment contract                                   |                         |            |                |      |
|               | Independe                                | ent compensation consultant  | ✓ Compensation survey or study                                |                         |            |                |      |
|               | <b>✓</b> Form 990                        | of other organizations   | A pproval by the board or compens                             | ation committee         |            | <br>           | <br> |
| 4             | During the year<br>or a related org      | r, did any person listed on Form 990, Part<br>anization  | t VII, Section A, line 1a with respect to                     | the filing organization |            |                |      |
| а             | Receive a seve                           | rance payment or change-of-control pay   | ment?   |                         | 4a         |                | No   |
| b             | Participate in, o                        | or receive payment from, a supplemental  | nonqualified retirement plan?                                 |                         | 4b         |                | Νo   |
| c             | Participate in, o                        | or receive payment from, an equity-based   | d compensation arrangement?                                   |                         | 4c         |                | No   |
|               | If "Yes" to any                          | of lines 4a-c, list the persons and provid   | e the applicable amounts for each item i                      | n Part III              |            |                |      |
| 5             | For persons list                         | , <b>501(c)(4), and 501(c)(29) organization</b> :<br>ted on Form 990, Part VII, Section A, lin<br>contingent on the revenues of      | -   | any                     |            |                |      |
| а             | The organization                         | on?  |   |                         | 5a         |                | No   |
| b             | Any related org                          | ganization?  |   |                         | 5b         |                | No   |
|               | If "Yes," on line                        | e 5a or 5b, describe in Part III   |   |                         |            |                |      |
| 6             |  | ted on Form 990, Part VII, Section A, lin<br>contingent on the net earnings of   | e 1a, did the organization pay or accrue                      | any                     |            |                |      |
| а             | The organization                         | on?  |   |                         | <b>6</b> a |                | Νo   |
| b             | Any related org                          | janization?  |   |                         | 6b         |                | Νo   |
|               | If "Yes," on line                        | e 6a or 6b, describe in Part III   |   |                         |            |                |      |
| 7             | For persons list<br>payments not d       | ted on Form 990, Part VII, Section A, lin<br>lescribed in lines 5 and 6? If "Yes," desc  | e 1a, did the organization provide any no<br>ribe in Part III | on-fixed                | 7          |                | No   |
| 8             |  | nts reported on Form 990, Part VII, paid<br>nitial contract exception described in Re  |   |                         | 8          |                | No   |
|               | If "Voc" on line                         | 9 did the organization also follow the rel   | huttable procumption procedure describ                        | ad in Regulations       |            |                |      |

section 53 4958-6(c)?

| ruge <b>a</b>   |  |                    |                |                      |                     |  |  |  |
|---|--|--------------------|----------------|----------------------|---------------------|--|--|--|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.  |  |                    |                |                      |                     |  |  |  |
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual |  |                    |                |                      |                     |  |  |  |
| (A) Name and Title  | (B) Breakdown of W-2 and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |  |  |  |

| (A) Name and Title | (B) Breakdown of | f W-2 and/or 1099-MIS          | SC compensation               | (C) Retirement and | ( <b>D)</b> Nontaxable | (E) Total of columns | <b>(F)</b> Compensation in       |  |
|--------------------|------------------|--------------------------------|-------------------------------|--------------------|------------------------|----------------------|----------------------------------|--|
|                    | Base             | (ii)                           | (ıiı)                         | other deferred     | benefits               | (B)(ı)-(D)           | column(B) reported               |  |
|                    | (ı) compensation | Bonus & incentive compensation | Other reportable compensation | compensation       |                        |                      | as deferred on prior<br>Form 990 |  |

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015 Page 3 Supplemental Information Part III Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Schedule J. Line 1a The University of Chicago's (and Chapin Hall's) policy is to receive prior approval from the Provost's office before purchasing a first or business class air fare ticket Dr. Fred Wulczyn received a grant from New South Wales, Australia, which requires trips between the United States and Australia. Due to the

Istrenuous duration of traveling, Dr. Wulczyn was given permission by both the grantor and UofC's Provost Office to travel first class to Australia

Schedule J (Form 990) 2015

# Software ID: Software Version:

**EIN:** 36-2167012

Name: CHAPIN HALL CENTER FOR CHILDREN

CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| Form 990, Schedule J, Pa                               | art I | I - Officers, Direc                | tors, Trustees, Ke                           | ey Employees, and                             | l Highest Compen                  | sated Employees                 |                                    |   |
|--|-------|------------------------------------|--|---|-----------------------------------|---------------------------------|------------------------------------|---|
| (A) Name and Title                                     |       |                                    | f W-2 and/or 1099-MIS                        |   | (C) Retirement and other deferred | ( <b>D)</b> Nontaxable benefits | (E) Total of columns<br>(B)(ı)-(D) | <b>(F)</b> Compensation in column (B)     |
|  |       | <b>(i)</b><br>Base<br>Compensation | (ii)<br>Bonus &<br>Incentive<br>compensation | (iii)<br>O ther<br>reportable<br>compensation | compensation                      | belletits                       | (6)(1)-(0)                         | reported as deferred<br>on prior Form 990 |
| 1Susan c LevineDirector                                | (1)   | 0                                  | 0  | 0   | 0                                 | 0                               | 0                                  | 0   |
|  | (11)  | 237,819                            | 500  | 0   | 19,617                            |                                 | 280,576                            | 0   |
| 1Colm A O'Muircheartaigh                               | (1)   | 0                                  |  | 0   | n                                 | 22,010                          | 200,570                            | 0   |
| Director   | `     |                                    |  |   |                                   |                                 |                                    |   |
|  | (11)  | 257,145                            | o  | 12,863  | 21,200                            | -<br>76,145                     | <b>-</b><br>367,353                | 0   |
| 2Robert M GOERGE<br>SENIOR Research Fellow             | (1)   | 237,902                            | 0  | 0   | 18,717                            | 14,302                          | 270,921                            | 0   |
| SENION Research Fellow                                 | (11)  | 0                                  | 0  | 0   | 0                                 | -                               | -                                  | 0   |
| 3Friedhelm Wulczyn                                     | (1)   | 231,983                            |  |   |                                   | - U                             | 0                                  |   |
| SENIOR Research Fellow                                 | (')   |                                    | ٥<br>ا                                       | 0   | 18,840                            | 5,768                           | 256,591                            | U<br>                                     |
|  | (11)  | 0                                  | o  | 0   | 0                                 | -0                              | - 0                                | 0   |
| 4Neil B GutermanDirector                               | (1)   | 0                                  | 0  | 0   | 0                                 | 0                               | 0                                  | 0   |
|  |       | 346,333                            |  |   |                                   |                                 |                                    |   |
|  | (11)  | 346,333                            | 40,121                                       | 25,925  | 21,200                            | -<br>48,148                     | -<br>481,727                       | 0   |
| <b>5</b> John Mark HansenChair                         | (1)   | 0                                  | 0  | 0   | 0                                 | 0                               | 0                                  | 0   |
|  |       | 057.550                            |  |   |                                   |                                 |                                    |   |
|  | (11)  | 357,559                            | 2,300  | 5,120   | 21,200                            | -<br>104,527                    | -<br>490,706                       | 0   |
| <b>6</b> David B FithianDirector                       | (1)   | 0                                  | 0  | 0   | 0                                 | 0                               | 0                                  | 0   |
|  | (11)  | 514,982                            | 49,500                                       | 3,995   | 21,200                            |                                 |                                    | 0   |
|  | ( )   | ,                                  | 49,300                                       | 3,993   | 21,200                            | 15,356                          | 605,033                            | U   |
| 7Melissa GilliamDirector                               | (1)   | 0                                  | 0  | 0   | 0                                 | 0                               | 0                                  | 0   |
|  | ()    | 294,682                            |  |   |                                   |                                 |                                    |   |
|  | (11)  | 234,002                            | 35,000                                       | 0   | 21,200                            | -<br>31,085                     | -<br>381,967                       | 0   |
| <b>8</b> Bryan Samuels<br>Executive Director           | (1)   | 314,871                            | 0  | 0   | 25,267                            | 1,369                           | 341,507                            | 0   |
|  | (11)  | 0                                  | 0  | 0   | 0                                 | -                               | -                                  | 0   |
|  |       |                                    |  |   |                                   | 0                               | 0                                  | _   |
| <b>9</b> Deborah Daro Tuggle<br>SENIOR Research Fellow | (1)   | 190,494                            | 0  | 0   | 15,850                            | 13,161                          | 219,505                            | 0   |
|  | (11)  | 0                                  | 0  | 0   | 0                                 | _<br>0                          | - 0                                | 0   |
| <b>10</b> Clare Anderson<br>Policy Fellow              | (1)   | 165,444                            | 0  | 0   | 13,236                            | 930                             | 179,610                            | 0   |
|  | (11)  | 0                                  | 0  | 0   | 0                                 | -                               | - 0                                | 0   |
| 11JOHN LYONS<br>SENIOR POLICY FELLOW                   | (1)   | 195,919                            | 0  | 0   | 16,220                            | 10,704                          | 222,843                            | 0   |
|  | (11)  | 0                                  | 0  | 0   | 0                                 | -                               | - 0                                | 0   |
| -  |       |                                    | I  | ı   |                                   |                                 |                                    | l   |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

**Supplemental Information on Tax Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990.

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

2015

OMB No 1545-0047

DLN: 93493131033097

Open to Public Inspection

(Form 990)

Department of the Treasury Internal Revenue Service

|   | nal Revenue Service                                    |                         |                   |                  |           |            |         |              |                      |               |           |          |          |      |       |
|---|--|-------------------------|-------------------|------------------|-----------|------------|---------|--------------|----------------------|---------------|-----------|----------|----------|------|-------|
|   | e of the organization<br>.PIN HALL CENTER FOR CHIL[    | DDEN                    |                   |                  |           |            |         |              |                      | Emp           | oloyer id | entifica | tion nui | nber |       |
|   | PIN HALL CENTER FOR CHILL<br>PIN HALL AT THE UNIVERSIT |                         |                   |                  |           |            |         |              |                      | 36            | -21670    | 12       |          |      |       |
|   | rt I Bond Issues                                       |                         |                   |                  |           |            |         |              |                      | 1             |           |          |          |      |       |
|   | (a) Issuer name  | (b) Issuer EIN          | (c) CUSIP#        | (d) Date issued  | (e) Issue | price      | (f)     | Description  | of purpose           | <b>(g)</b> De | feased    | (h)      | On       | (i)  | Pool  |
|   |  |                         |                   |                  |           |            |         |              |                      |               |           |          | alfof    | fina | ncıng |
|   |  |                         |                   |                  |           |            |         |              |                      |               |           | ISS      |          |      | l     |
| _   | allow and a second for a laboration                    | 52.4207562              | 45300440          | 05.45.2002       |           | 0.000      |         |              | N. 4. In a second as | Yes           | No        | Yes      | No       | Yes  | No    |
| A   | illinois educational facilities authority              | 52-1297563              | 4520014v9         | 05-15-2003       | 5,25      | 0,000  r   | refinai | ncing of 199 | 94 ponas             |               | X         |          | X        |      | ×     |
|   | adenority  |                         |                   |                  |           |            |         |              |                      |               |           |          |          |      |       |
| Pa  | rt II Proceeds   |                         |                   |                  |           |            |         |              |                      |               |           |          |          |      |       |
|   |  |                         |                   |                  |           | A          |         | E            | 3                    |               | С         |          |          | D    |       |
| 1   | A mount of bonds retired                               |                         |                   |                  |           |            | 0       |              |                      |               |           |          |          |      |       |
| 2   | Amount of bonds legally defea                          | ased                    |                   |                  |           |            | 0       |              |                      |               |           |          |          |      |       |
| 3   | Total proceeds of issue                                |                         |                   |                  |           |            | 0       |              |                      |               |           |          |          |      |       |
|   | Gross proceeds in reserve ful                          |                         |                   |                  |           |            |         |              |                      |               |           |          |          |      |       |
| 4   |  |                         |                   |                  |           | 5,235,     |         |              |                      |               |           |          |          |      |       |
|   | Capitalized interest from proc                         |                         |                   |                  |           |            | 0       |              |                      |               |           |          |          |      |       |
| 6   | Proceeds in refunding escrow                           |                         |                   |                  |           | 5,100,     | ,512    |              |                      |               |           |          |          |      |       |
| 7   | Issuance costs from proceed                            |                         |                   |                  |           | 105,       | ,000    |              |                      |               |           |          |          |      |       |
| 8   | Credit enhancement from pro-                           | ceeds                   |                   |                  | 0         |            |         |              |                      |               |           |          |          |      |       |
| 9   | Working capital expenditures                           | from proceeds           |                   |                  | 30,225    |            |         |              |                      |               |           |          |          |      |       |
| 10  | Capital expenditures from pro                          | oceeds                  |                   |                  | 0         |            |         |              |                      |               |           |          |          |      |       |
| 11  | Other spent proceeds                                   |                         |                   |                  |           |            | 0       |              |                      |               |           |          |          |      |       |
| 12  | Other unspent proceeds                                 |                         |                   | •                |           |            | 0       |              |                      |               |           |          |          |      |       |
| 13  | Year of substantial completio                          | on                      |                   |                  | 19        | 985        |         |              |                      |               |           |          |          |      |       |
|   |  |                         |                   |                  | Yes       | No         | ,       | Yes          | No                   | Yes           | ı         | No       | Yes      |      | No    |
| 14  | Were the bonds issued as par                           | rt of a current refund: | ngıssue?          |                  | X         |            |         |              |                      |               |           |          |          |      |       |
| 15  | Were the bonds issued as par                           | rt of an advance refur  | ndıng ıssue?      |                  |           | Х          |         |              |                      |               |           |          |          |      |       |
| 16  | Has the final allocation of pro                        | ceeds been made?.       |                   |                  | Х         |            |         |              |                      |               |           |          |          |      |       |
| 17 Does the organization maintain adequate books and records to support the final |  |                         |                   |                  |           |            |         |              |                      |               |           |          |          |      |       |
|   | allocation of proceeds?                                |                         |                   |                  | X         |            |         |              |                      |               |           |          |          |      |       |
|   | t IIII Private Business l                              |                         |                   |                  |           | •          |         |              |                      |               |           |          |          | •    |       |
|   |  |                         |                   |                  |           | 4          |         | В            |                      |               | c         |          |          | D    |       |
|   |  |                         |                   |                  | Yes       | No         |         | Yes          | No                   | Yes           | <u> </u>  | No.      | Yes      |      | No    |
| 1   | Was the organization a partne                          | er in a partnership, or | a member of an LL | _C , which owned |           | \ <u> </u> |         |              |                      |               | 1         |          |          |      |       |

financed property? . . \_ . . . \_ . . . . . . . . .

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds? . . .

|       |  |           |     | 1   | E   | 3  |     | С  |     | <u>D</u> |  |
|-------|--|-----------|-----|-----|-----|----|-----|----|-----|----------|--|
|       |  |           | Yes | No  | Yes | No | Yes | No | Yes | No       |  |
| 3a    | Are there any management or service contracts that may result in private but of bond-financed property?  |           |     | ×   |     |    |     |    |     |          |  |
| b     | If "Yes" to line 3a, does the organization routinely engage bond counsel or o  |           |     |     |     |    |     |    |     |          |  |
| prope | counsel to review any management or service contracts relating to the financity?   | ced       |     |     |     |    |     |    |     |          |  |
| C     | Are there any research agreements that may result in private business use of   | of bond-  |     |     |     |    |     |    |     |          |  |
|       | financed property?   |           |     | Х   |     |    |     |    |     |          |  |
| d     | If "Yes" to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed property  |           |     |     |     |    |     |    |     |          |  |
| 4     | Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government .   |           |     | 0 % |     |    |     |    |     |          |  |
| 5     | Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | section   |     |     |     |    |     |    |     |          |  |
| 6     | Total of lines 4 and 5   |           |     |     |     |    |     |    |     |          |  |
| 7     | Does the bond issue meet the private security or payment test?   |           |     | Х   |     |    |     |    |     |          |  |
| 8a    | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a $501(c)(3)$ organization since the bond issued?   | s were    |     | x   |     |    |     |    |     |          |  |
| b     | If "Yes" to line 8a, enter the percentage of bond-financed property sold or di   | sposed of |     |     |     |    |     |    |     |          |  |
| С     | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations so 1 141-12 and 1 145-2?  | ections   |     | ×   |     |    |     |    |     |          |  |
| 9     | Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements unde Regulations sections 1 141-12 and 1 145-2?              |           | х   |     |     |    |     |    |     |          |  |
| Par   | IV Arbitrage   |           |     |     |     |    |     |    |     |          |  |
|       | <del></del>  | А         |     |     | В   |    | С   |    |     | D        |  |
|       |  | Yes       | No  | Yes | No  | Ye | s   | No | Yes | No       |  |
| 1     | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?   | X         |     |     |     |    |     |    |     |          |  |
| 2     | If "No" to line 1, did the following apply?  |           |     |     |     |    |     |    |     |          |  |
| а     | Rebate not due yet?  |           |     |     |     |    |     |    |     |          |  |
| b     | Exception to rebate?   |           |     |     |     |    |     |    |     |          |  |
| С     | No rebate due?   |           |     |     |     |    |     |    |     |          |  |
|       | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed  |           |     |     |     |    |     |    |     |          |  |
| 3     | Is the bond issue a variable rate issue?   | Х         |     |     |     |    |     |    |     |          |  |
| 4a    | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?   |           | Х   |     |     |    |     |    |     |          |  |
| b     | Name of provider   |           |     |     |     |    |     |    |     |          |  |
| С     | Term of hedge  |           |     |     |     |    |     |    |     |          |  |
| d     | Was the hedge superintegrated?   |           |     |     |     |    |     |    |     |          |  |
| e     | Was the hedge terminated?  |           |     |     |     |    |     |    |     |          |  |
|       |  |           |     |     |     |    |     |    |     |          |  |

| d  | value of the GIC satisfied?  |     |    |     |    |     |    |     |    |
|----|--|-----|----|-----|----|-----|----|-----|----|
| 6  | Were any gross proceeds invested beyond an available temporary period?   |     | Х  |     |    |     |    |     |    |
| 7  | Has the organization established written procedures to monitor the requirements of section $148^\circ$                             | x   |    |     |    |     |    |     |    |
| Pa | rt V Procedures To Undertake Corrective Action   |     |    |     |    |     |    |     |    |
|    |  | Α   |    | В   |    | С   |    | D   |    |
|    |  | Yes | No | Yes | No | Yes | No | Yes | No |
|    | Has the organization established written procedures to ensure<br>that violations of federal tax requirements are timely identified | Y   |    |     |    |     |    |     |    |

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O
(Form 990 or
990-EZ)

Supplemental Infor

Complete to provide inform

efile GRAPHIC print - DO NOT PROCESS

Department of the

Internal Revenue

Name of the organization CHAPIN HALL CENTER FOR CHILDREN CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

Treasury

Service

# Supplemental Information to Form 990 or 990-EZ

As Filed Data -

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.

2015
Open to Public Inspection

DLN: 93493131033097

Employer identification number

990 Schedule O, Supplemental Information

Return Reference Explanation PART VI, LINE 11B -The organization's Form 990 undergoes a number of internal and external reviews before it is filed with the IRS. The FORM 990 REVIEW return is prepared by the organization's public accounting firm, BDO USA, lip and is reviewed by the organization's **PROCESS** Director of FINANCIAL OPERATIONS A final draft of the Form 990 is provided to each member of the organization's Board of Directors for review and comment before it is filed with the IRS PART VI, LINE 12c -THE OFFICERS AND DIRECTORS OF THE CORPORATION MUST ANNUALLY COMPLETE A CONFLICT OF INTERES conflift of interest T STATEMENT THAT IS REVIEWED AND MONITORED BY THE ASSOCIATE DIRECTOR ADDITIONALLY, EACH O FFICER AND DIRECTOR ACKNOWLEDGES THAT SHOULD A POSSIBLE CONFLICT ARISE. IT IS HIS OR HER O policy BLIGATION TO CALL IT TO THE ATTENTION OF THE CHAIR OF THE BOARD OF DIRECTORS OR THE EXECUT IVE DIRECTOR OF CHAPIN HALL, AS APPROPRIATE, AND TO ABSTAIN FROM ANY PARTICIPATION IN THE MATTER THE PRINCIPAL INVESTIGATORS ARE REQUIRED TO ANNUALLY COMPLETE THE UNIVERSITY OF CH ICAGO CONFLICT OF INTEREST ASSURANCE AND, WHEN APPROPRIATE, DISCLOSE INFORMATION REGARDING OUTSIDE PROFESSIONAL AND COMMERCIAL INTERESTS/THE CONFLICT OF INTEREST STATEMENT. THIS IS MONITORED BY THE UNIVERSITY OF CHICAGO RESEARCH ADMINISTRATION CHAPIN HALL PRINCIPAL INV ESTIGATORS SIGN CONFLICT OF INTEREST FORMS WITH THE UNIVERSITY OF CHICAGO ANNUALLY CHAPIN HALL BOARD MEMBERS SIGNED CONFLICT OF INTEREST FORMS IN JUNE 2016 WHICH WOULD OBLIGATE TH EM TO REPORT ANY POTENTIAL CONFLICTS IN THE YEAR GOING FORWARD

990 Schedule O, Supplemental Information

Return Reference

AVAILABILITY

| PART VI, LINE 15A AND<br>15B - COMPENSATION<br>REVIEW AND<br>APPROVAL | THE COMPENSATION COMMITTEE OF THE CHAPIN HALL BOARD OF DIRECTORS MEETS ON AN ANNUAL BASIS TO REVIEW THE CURRENT COMPENSATION OF THE EXECUTIVE DIRECTOR, SENIOR ADMINISTRATIVE STAFF, AND SENIOR RESEARCH STAFF, AND TO MAKE RECOMMENDATIONS FOR ANNUAL SALARY INCREASES DATA CONSIDERED IN SALARY DECISIONS INCLUDES INTERNAL COMPARABILITY DATA, EXTERNAL MARKET DATA, AND ECONOMIC INDICATORS SUCH AS THE FISCAL HEALTH OF THE ORGANIZATION AND THE CONSUMER PRICE INDEX RECOMMENDATIONS FOR SALARY INCREASES ARE THEN FORWARDED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL |
|---|---|
| part vi, line 19 -<br>DOCUMENT  | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE to the public UPON REQUEST  |

Explanation

990 Schedule O, Supplemental Information

Return Reference Explanation

| PART XI, LINE 9 - Other changes IN Net assets or fund balances | CHANGE IN FAIR VALUE OF INTEREST RATE SWAP \$4,679     |
|--|--|
| FORM 990 PART IX LINE 11G                                      | DESCRIPTION STIPENDS AND HONORARIUMS TOTAL FEES 283985 |

990 Schedule O, Supplemental Information

Return Reference Explanation

| FORM 990 PART IX LINE 11G | DESCRIPTION SUBCONTRACTOR FEES TOTAL FEES 208016 |
|---------------------------|--|

DESCRIPTION CONSULTANTS TOTAL FEES 141595

FORM 990 PART IX LINE 11G

990 Schedule O, Supplemental Information

Return Reference Explanation

DESCRIPTION TEMPORARY LABOR TOTAL FEES 47189

| 1.0.101111110101101       |   |
|---------------------------|---|
| FORM 990 PART IX LINE 11G | DESCRIPTION BUSINESS FEES TOTAL FEES 123175 |

ORM 990 PART IX LINE 11G DESCRIPTION BUSINESS FEES TOTAL FEES 1231/5

FORM 990 PART IX LINE 11G

990 Schedule O, Supplemental Information

Return Reference Explanation

| Return Reference          | Explanation                          |
|---------------------------|--------------------------------------|
| FORM 990 PART IX LINE 11G | DESCRIPTION OTHER TOTAL FEES 2176012 |

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DLN: 93493131033097
OMB No 1545-0047

36-2167012

**Employer identification number** 

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHAPIN HALL CENTER FOR CHILDREN CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

(Form 990)

► Attach to Form 990.

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

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No See Additional Data Table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| Primary activity | domicile<br>(state or<br>foreign | Direct<br>controlling<br>entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of<br>total income   | Share of<br>end-of-year<br>assets  | (h)<br>Disproprtionate<br>allocations?   |  | e Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | managing<br>partner?  |  | General or<br>managing<br>partner?   |  | General or<br>managing<br>partner? |  | (k)<br>Percentage<br>ownership |
|------------------|----------------------------------|---------------------------------|---|--|--|--|--|---|---|--|--|--|------------------------------------|--|--------------------------------|
|                  |                                  |                                 | 314)  |  |  | Yes  | No   | <u> </u>  | Yes   | No   |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  |  |   | ı   |  |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  |  |   |   |  |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  |  |   |   |  |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  |  |   |   |  |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  |  |   |   | $\vdash$   |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  |  |   | ı   |  |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  |  |   |   |  |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  | <u> </u>   |   |   | $\sqcup$   |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  |  |   |   |  |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  | <del>                                     </del>                                     |   |   | $\vdash$   |  |  |                                    |  |                                |
|                  |                                  |                                 |   |  |  |  |  |   |   |  |  |  |                                    |  |                                |
|                  |                                  | (state or                       | (state or entity foreign  | (state or entity unrelated, foreign excluded from country) tax under | (state or entity unrelated, foreign excluded from country) tax under sections 512- | (state or entity unrelated, foreign excluded from country) tax under sections 512- | (state or entity unrelated, assets foreign excluded from tax under sections 512-514) | (state or entity unrelated, excluded from tax under sections 512-514) | (state or foreign country) unrelated, excluded from tax under sections 512- 514) 20 of Schedule K-1 (Form 1065) | (state or foreign country) unrelated, excluded from tax under sections 512- 514) assets 20 of Schedule K-1 (Form 1065) | (state or foreign country) unrelated, excluded from tax under sections 512- 514) assets 20 of Schedule K-1 (Form 1065) |  |                                    |  |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization     | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal<br>domicile<br>(state or foreign<br>country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | <b>(f)</b><br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | <b>(h)</b><br>Percentage<br>ownership | Section<br>(b)(1<br>contro<br>entit | i 512<br>l3)<br>illed<br>y? |
|--|--------------------------------|--|-------------------------------|---|--|---|---------------------------------------|-------------------------------------|-----------------------------|
| (4)  | C II                           | СН   | Univ of Chic                  |   |  |   |                                       | Yes                                 | No                          |
| (1)<br>UChic (Beijing) Consulting Co<br>LTD China      | Consulting                     | СН   | Univ of Chic                  |   | 0                                      | 0   |                                       |                                     | No                          |
| Unit 1-10 Culture PL of<br>Remmin Uni<br>Beijing<br>CH |                                |  |                               |   |  |   |                                       |                                     |                             |
| UChicago Center in India (2)Private Limited            | Consulting                     | IN   | Univ of Chic                  |   | 0                                      | 0   |                                       |                                     | No                          |
| 2/11B Jangpura A<br>New Dehli<br>IN                    |                                |  |                               |   |  |   |                                       |                                     |                             |
|  |                                |  |                               |   |  |   |                                       |                                     |                             |
|  |                                |  |                               |   |  |   |                                       |                                     |                             |
|  |                                |  |                               |   |  |   |                                       |                                     |                             |
|  |                                |  |                               |   |  |   |                                       |                                     |                             |
|  |                                |  |                               |   |  |   | Calcadada B (Farm                     |                                     |                             |

| Part V Transactions With Related Organizations Complete if the organization answe                           | red "Yes" on Form   | 990, Part IV, line     | 34, 35b, or 36.                        |            |        |    |  |  |  |  |
|---|---|------------------------|--|------------|--------|----|--|--|--|--|
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule                      |   |                        |  |            | Yes    | No |  |  |  |  |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more re | lated organizations li  | sted in Parts II-IV?   |  |            |        |    |  |  |  |  |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity           |   |                        |  | 1a         |        | No |  |  |  |  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)                                    |   |                        |  | <b>1</b> b |        | No |  |  |  |  |
| c Gift, grant, or capital contribution from related organization(s)   |   |                        |  |            |        |    |  |  |  |  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)   | <b>d</b> Loans or loan guarantees to or for related organization(s) |                        |  |            |        |    |  |  |  |  |
| e Loans or loan guarantees by related organization(s)   |   |                        |  |            |        |    |  |  |  |  |
| f Dividends from related organization(s)  |   |                        |  | 1f         |        |    |  |  |  |  |
| g Sale of assets to related organization(s)   |   |                        |  | <b>1</b> g |        | No |  |  |  |  |
| <b>h</b> Purchase of assets from related organization(s)  |   |                        |  | 1h         |        | No |  |  |  |  |
| i Exchange of assets with related organization(s)   |   |                        |  | 1i         |        | No |  |  |  |  |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s)                          |   |                        |  | 1j         | Yes    |    |  |  |  |  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)                       |   |                        |  | 1k         | Yes    |    |  |  |  |  |
| Performance of services or membership or fundraising solicitations for related organization(s)              |   |                        |  | 11         |        | No |  |  |  |  |
| m Performance of services or membership or fundraising solicitations by related organization(s)             |   |                        |  | 1m         | - 1    | No |  |  |  |  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)             |   |                        |  |            |        |    |  |  |  |  |
| o Sharing of paid employees with related organization(s)  |   |                        |  | 10         | Yes    |    |  |  |  |  |
| p Reimbursement paid to related organization(s) for expenses  |   |                        |  | 1p         | Yes    |    |  |  |  |  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses   |   |                        |  | <b>1</b> q | Yes    |    |  |  |  |  |
| r Other transfer of cash or property to related organization(s)   |   |                        |  | 1r         |        | No |  |  |  |  |
| <b>s</b> Other transfer of cash or property from related organization(s)                                    |   |                        |  | <b>1</b> s |        | No |  |  |  |  |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete     | this line, including co   | vered relationships    | and transaction thresholds             |            |        |    |  |  |  |  |
| (a)<br>Name of related organization   | <b>(b)</b><br>Transaction<br>type (a-s)                             | (c)<br>Amount involved | <b>(d)</b><br>Method of determining am | ount in    | volved |    |  |  |  |  |
|   |   |                        |  |            |        |    |  |  |  |  |
|   |   |                        |  |            |        |    |  |  |  |  |
|   |   |                        |  |            |        |    |  |  |  |  |
|   |   |                        |  |            |        |    |  |  |  |  |
|   |   |                        |  |            |        |    |  |  |  |  |
|   |   |                        |  |            |        |    |  |  |  |  |

### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| revenue) that was not a related organization See instructions |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|---|---------------------------------|---|--|---|----|----------------|--|------------------------------------|-------------------|----------------------------------|-----|---|----------------------|--|--------------------------------|--|
| <b>(a)</b><br>Name, address, and EIN of entity                | ( <b>b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (e) Are all partners section 501(c)(3) organizations? |    | organizations? |  | (f)<br>Share of<br>total<br>income | total end-of-year | (h) Disproprtionate allocations? |     | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managing<br>partner? |  | (k)<br>Percentage<br>ownership |  |
|   |                                 |   | 314)   | Yes   | No |                |  | Yes                                | No                |                                  | Yes | No  |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     | 1 I   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   | <u> </u>             |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |
|   |                                 |   |  |   |    |                |  |                                    |                   |                                  |     |   |                      |  |                                |  |



Software ID: Software Version:

**EIN:** 36-2167012

Name: CHAPIN HALL CENTER FOR CHILDREN

CHAPIN HALL AT THE UNIVERSITY OF CHICAGO

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (f) (g) Section 512 (a) (b) (d) (e) (c) Primary activity Direct controlling Name, address, and EIN of related organization Legal domicile Exempt Code Public charity (b)(13) (state section status entity or foreign country) (if section 501(c) controlled entity? (3)) Yes No IL 501(c)(3) Univ of Chic Νo Hospital University of Chicago Medical Ctr 5841 S Maryland Avenue Chicago, IL 60637 36-3488183 ΙL Prop Holding 501(c)(2) Univ of Chic Νo Univ of Chicago Property Holding Corp 5801 S Ellis Avenue Chicago, IL 60637 36-6108743 Prop Holding  $\mathsf{IL}$ 501(c)(2) Univ of Chic Νo Lake Park Associates 5801 S Ellis Avenue Chicago, IL 60637 36-6111317 Univ of Chic  $\mathsf{IL}$ 501(c)(3) 11 Tech Transfer Νo Arch Development Corporation 5555 S Woodlawn Avenue Chicago, IL 60637 36-3485244 501(c)(3) Education ΙL Univ of Chic Νo University of Chicago Charter School 5801 S Ellis Avenue Chicago, IL 60637 36-4225812 ΙL 501(c)(3) 11 Univ of Chic Νo Supp the Arts Court Theatre Fund 5535 S Ellis Avenue Chicago, IL 60637 36-3203660 Supp Research ΙL 501(c)(3) 11 Univ of Chic Νo Univ of Chicago Cancer Research Fund 5801 S Ellis Avenue Chicago, IL 60637 36-6056201 Univ of Chic Νo Malprac Trust ΙL 501(c)(3) 11 Univ of Chicago Self Insurance Trust 5801 S Ellis Avenue Chicago, IL 60637 36-3020034 Medical Trust ΙL 501(c)(3) 11 Univ of Chic Νo Univ of Chicago Retiree Medical Trust 5801 S Ellis Avenue Chicago, IL 60637 36-3999692 Supp Research IL501(c)(3) 11 Univ of Chic Νo Chicago Tumor Institute 5801 S Ellis Avenue Chicago, IL 60637 23-7136019 So Sci Survey  $\mathsf{IL}$ 501(c)(3) Univ of Chic Νo National Opinion Research Center 55 E Monroe Avenue Chicago, IL 60603 36-2167808 Social Club 501(c)(7) Univ of Chic Νo ΙL The Quadrangle Club 5801 S Ellis Avenue Chicago, IL 60637 36-1655190 ΙL Manage Lab 501(c)(3) Univ of Chic Νo Fermi Research Alliance LLC PO Box 500 Batavia, IL 60510 57-1239010 Univ of Chic Education FR Νo University of Chicago Center in Paris 6 Rue Thomas Mann Paris 75013 UK Univ of Chic Education Νo Univ of Chgo Booth School of Business Woolgate Exchange 25 Basinghal London 75013 SN Univ of Chic Νo Education Univ of Chgo Booth School of Business 101 Penang Road Singapore 238466 SN  $\mathsf{IN}$ Univ of Chic Νo Fundraising University of Chicago Trust GB10-12 Clairmont Apts RST HSE Bangalore ΙN Fundraising  $\mathsf{HK}$ Univ of Chic Νo Univ of Chgo Foundation in Hong Kong RM100 Far East Ctr C/O WM FAN CO Hong Kong НΚ U OF C RSRCH Νo Research BG UChicago Research Bangladesh LTD HSE 388 ROD 24 NEW DOH DHAKA ΒG 501(C)(7) Social Club ILUniv of Chic Νo University of Chicago Cloisters Club 1212 E 59th Street Chicago, IL 60637

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (d) (e) (g) (f) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 section (state status entity (b)(13) or foreign country) (if section 501(c) controlled (3)) entity? Yes No Investing CJ Univ of Chic Nο Phoenix Overlay Fund LTD 401 N Michigan Ave C/O Invst Offic Chicago, IL 60611 Comm Service ΙL 501(c)(3) Univ of Chic Νo Southeast Chicago Commission 1511 East 53rd Street Chicago, IL 60615 36-2226282 Supp Library 501(c)(3) 11 Univ of Chic ΙL Nο The John Crerar Foundation 1511 East 53rd Street Chicago, IL 60637 36-3155157 N/A Supp Ed Rsrch VΑ 501(c)(3) 11 Νo Hymen Milgrom Ctr for Children 33 N Lasalle St Suite 2131 Chicago, IL 60602 46-6789522 EDUCATION ΙL 501(C)(3) In a Νo University of Chicago 5801 S ELLIS AVENUE Chicago, IL 60637 36-2177139 Univ of Chic Research/educ 501(C)(3) Nο МΑ THE MARINE BIOLOGICAL LABORATORY 7 MBL STREET WOODS HOLE, MA 02543 04-2104690 Research ΙL 501(C)(3) 11 Univ of Chic Νo UCHICAGO RESEARCH INTERNATIONAL LTD 5801 S ELLIS AVENUE Chicago, IL 60637 26-2741573 healthcare ΙL 501(C)(3) Univ of chic Νo asian health coalition 180 w washington st suite 1000 chicago, IL 60602 31-1607193