Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

Activities & Governance

Revenue

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Sign

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Preparer

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public ► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection 2015, and ending 2016 For the 2015 calendar year, or tax year beginning Jul D Employer identification number INC C Name of organization CHRISTIAN CHILDREN'S HOME OF OHIO Check if applicable: 34-1056506 Doing business as Address change Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change (330) 345-7949PO BOX 765, 2685 ARMSTRONG RD Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated 44691 G Gross receipts \$8,299,676 OH WOOSTER Amended return H(a) Is this a group return for subordinates? X No Yes F Name and address of principal officer: Application pending H(b) Are all subordinates included? If 'No,' attach a list, (see instructions) No Yes OH 44691 Kevin Hewitt PO Box 765 Wooster 527 (insert no.) 4947(a)(1) or X 501(c)(3) 501(c) (Tax-exempt status H(c) Group exemption number ▶ Website: ▶ ccho.org Other • L Year of formation: 1969 M State of legal domicile: OH Form of organization: X Corporation Trust Association Summary Briefly describe the organization's mission or most significant activities: Provide care to hurting and troubled children and families if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . . 11 5 206 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) 6 829 892. 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . 7a 15, b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** 7,599,568. Contributions and grants (Part VIII, line 1h) 7,435,922 515,390. 459,936. Program service revenue (Part VIII, line 2g) -50,179.4,870. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 80,389 125,144. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,926,068 8,244,972. 170,914 155,498. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 6,063,696. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,575,982 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,781,418. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,843,989 7,590,885 8,000,612. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . 244,360. Revenue less expenses. Subtract line 18 from line 12 335,183 Beginning of Current Year End of Year 4,193,977. 4,453,329. Total assets (Part X, line 16) 502,072. 487,080. Total liabilities (Part X, line 26) 3,706,897. 3,951,257. 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. 2017 Director of Finance Type or print name and title. PTIN Date Preparer's signature Check Print/Type preparer's name 01/06/17 self-employed P00145786 SWARTZENTRUBER GREGORY Gregory Swartzentruber Inc CPA Firm's name Firm's EIN ▶ 54-2091918 Use Only Firm's address 711 Winkler Dr Suite B

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44691

Wooster

Phone no

(330)

No

345-7353

Yes

	990 (2015) CHRISTIAN C			34-1056506	Page 2
Par		m Service Accomplishme			
			in this Part III		
1	Briefly describe the organization's				
		ing and troubled chi	ldren		
	and families.				
2	Did the organization undertake an	v significant program services dur	ng the year which were not lis	eted on the prior	
_	Form 990 or 990-EZ?				X No
	If 'Yes,' describe these new service				<u>V</u> 140
3	Did the organization cease conduc		in how it conducts, any progra	am services? Yes	X No
•	If 'Yes,' describe these changes of		in now it conducte, any progre	an services.	A 140
4	Describe the organization's progra	m service accomplishments for ea	ach of its three largest progran	n services, as measured by expens	ses.
	Section 501(c)(3) and 501(c)(4) or and revenue, if any, for each prog	ganizations are required to report	the amount of grants and allo	cations to others, the total expense	s,
	and revenue, if any, for each prog	ani service reported.			
1 -	(Code:) (Expenses	\$ 6 126 220 including	agrants of \$ 155	400 \(Payanya \cdot \)	25 072 \
4 a		\$ 6,136,239 including			25,873.)
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				ct on their lives. Our	
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Pa	rt IV Checklist of Required Schedules			
L	NO CONTRACTOR OF THE PROPERTY	+	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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	Х	
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		X
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	Х	No. 70 Processor
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.			
ć	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(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	11 c		Х
	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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		Х
12 8	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b 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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	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	Х	
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	Х	
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		Х
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		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		x

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Pa	int IV Checklist of Required Schedules (continued)		Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a	103	Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	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		Х
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28		21		21
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		· X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37		37		Х
38		38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V			. П
			Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 35			
ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2.	(gambling) winnings to prize winners?	1 c	X	
20	ments, filed for the calendar year ending with or within the year covered by this return 2a 206			
t	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1000		
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	
	o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
L	o If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
E -	was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	F -		X
		5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 c		
		30		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Χ
d	I If 'Yes,' indicate the number of Forms 8282 filed during the year		n (5)	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
_	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12 a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Commission
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13 a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	.Ja		
h	Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	
2		. 70		

	Forr	m 990 (2015) CHRISTIAN CHILDREN'S HOME OF OHIO INC 34-1056506		Р	age 6						
Schedule O. See instructions. Check if Schedule O. See instructions. Check if Schedule O. Cominians a response or note to any line in this Part VI. Section A. Governing Body and Management 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a In the powering body, or if the governing body delegated broad in Schedule O. 2 b Enter the number of voting members included in line 1s above, who are independent. 2 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee is the same property of the programment of the company or other person? 3	Pa		v, an	d for	•						
Check if Schedule O contains a response or note to any line in this Part VI. Table Section A. Governing Body and Management Yes No if there are material differences in voting rights among members of the governing body of the powrhing 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 1			in								
Section A. Governing Body and Management Vas No											
A Enter the number of voting members of the poverning body at the end of the tax year. I a 12 12 12 12 12 12 12 12	Sec										
1 a Enter the number of voling members of the governing body at the end of the tax year	000	Ston A. Governing Body and management		Yes	No						
If there are material differences in voting rights among members of the governing body, of the governing body delegated broad of the governing body expensing body delegated broad of the governing body expension of the governing body delegated broad of the property of th	1:	a Enter the number of voting members of the governing body at the end of the tax year 1a		100	110						
b Enter the number of voling members included in line 1a, above, who are independent		If there are material differences in voting rights among members									
b Enter the number of voling members included in line 1a, above, who are independent		authority to an executive committee or similar committee, explain in Schedule O.									
Social B. Policies (This Section B. Policies) (This Section B. Policies (This Section B. Policies) (This Section B. Policies) (This Section B. Policies (This Section B. Policies) (T	1				27,587.5						
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have make any significant changes to its governing documents since the prior Form 990 was filed? 6 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 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? 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 11 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 12 The governing body? 13 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 13 The governing body? 14 Did the organization that unthority to act on behalf of the governing body? 15 Each committee with authority to act on behalf of the governing body? 16 Did the organization in malling address? If Yes, provide the names and addresse in Schedule O 17 Did Did the organization have variety provides the names and addresses in Schedule O 18 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization evennyl purpose? 10 Did the organization have a written organization theorem provides a complete cony of this From 990 to all members of its governing body before filing the form? 11 A S D Describe in Schedule O the process, if any, used by	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
of officers, directors, or trustees, or key employees to a management company or other person? 4		officer, director, trustee, or key employee?	2		X						
since the prior Form 990 was filed?. 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 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 V X Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempl purposes? 11 a Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of exempl purposes? 11 a Did the organization have a written policy or procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization or seempl purposes? 12 Did the organization have a written policy or procedure species of the process, if any, used by the organization to review this Form 990. 12 Did the organization have a written policy or procedure requiring the organization or seempl	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		Х						
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Bis 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10 a Did the organization have local chapters, branches, or affiliates? 9 If Yes, 'did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 a Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 10 a Did the organization have a written conflict of interest policy? If No; to line 13 11 bid the organization have a written development of the following persons, comparability date of the process in Schedule O (be organization have a written development persons, comparability date, and contemporaneous substantiation of the deliberation and decision? 15 Did the organization have a written document retention and destruction polic	4										
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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?		taxable entity during the year?	16 a		Х						
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Ohio 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16 b								
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Wupon request Other (explain in Schedule O)	Sec				-						
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	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.									
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	e to								

Kevin Hewitt

2685 Armstong Rd Wooster

OH 44691

(330) 345-7949

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Form	990 (2015)	CHRISTIAN	CHILDREN'S	HOME	OF	OHIO	INC

34-1056506

Page 7

Part VIII 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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below	i	s both dir	an of	ot che unless fficer a	and a		(D) Reportable	(E)	(F)
(1) Youin Havita	week (list any hours for related organiza- tions	or direc	director/trustee) c					compensation from the organization	Reportable compensation from related organizations	Estimated amount of other
(1) Marria Harrist	dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kevin Hewitt	50.00									
Executive Director				X				106,653.	0.	19,711.
(2) Steve Porter	0.00									
Trustee		X						0.	0.	0.
(3) David Lehman	0.00									
Trustee		Х						0.	0.	0.
<u>(4) Lyle Beveridge</u>	0.00									
Trustee		Х						0.	0.	0.
(5) Jeff Rayis	0.00									
Trustee		Х						0.	0.	0.
(6) Ron Wenger	0:00									
Trustee		Х						0.	0.	0.
(7)_ Ron_ Cass	0.00									
Trustee		Х					_	0.	0.	0.
(8) Deb Wilcox	0.00									
Trustee		Х						0.	0.	0.
(9) John Sypek	0.00									
Trustee		Х					_	0.	0.	0.
10) Matt Savage	0.00									
Trustee		Х						0.	0.	0.
11) Karen Hinzman	0.00									
Trustee		Х					_	0.	0.	0.
12) Will Van Nostran	0.00									
Trustee		Х						0.	0.	0.
13) John-Mark Young	0.00									
Trustee		Х						0.	0.	0.
(14) 										

Pa	ort VII Section A. Officers, Directors, Tru	ıstees, l	Key	Em	nplo	oye	es,	an	d Highest Con	pensated Emp	loyees (continued)
		(B)			•	C)					
	(A) Name and title	Average hours per	box	, unle	ss pe	rson i	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		week (list any hours	or c	İnsti	Officer	Key	emp	P OF	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		for related	Individual trustee or director	nstitutional trustee	cer	Key employee	nest c	ner			organization and related organizations
		organiza - tions below	or trus	nal tri		loyee	omp				
		dotted line)	stee	ıstee			Highest compensated employee				
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)										2	
(25)											
11	b Sub-total							>	106,653.	0.	19,711.
	c Total from continuation sheets to Part VII, Section							>			
	d Total (add lines 1b and 1c)								106,653.	0.	19,711.
2	from the organization \(\bigsim 1	to those i	istea	apo	ove)	wno	rece	eivec	a more than \$100,0	от геропаріе сог	npensation
											Yes No
3	Did the organization list any former officer, director, on line 1a? <i>If 'Yes,' complete Schedule J for such inc</i>										. 3 X
4	For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	nan \$150,0	000?	If 'Y	es'	com	plete	Sch	nedule J for		. 4 X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or	ompensati	on fro	om a	any i	unre	lated	org	anization or individ	lual	
Sec	ction B. Independent Contractors	omplete 3	cried	uie c	7 101	Suc	n per	3011			., 0 1
1	Complete this table for your five highest compensate compensation from the organization. Report compe	ed indeper	ndent	t cor	ntrac	ctors	that	rece	eived more than \$1	00,000 of	ar
	(A) Name and business addre					,,,,,			(B) Description o		(C) Compensation
2	9	but not lim	nited 1	to th	ose	liste	d ab	ove) who received mor	re than	
BAA	\$100,000 of compensation from the organization		TEEA0	108	10/1:	2/15					Form 990 (2015)

Part VIII Statement of Revenue

Form 990 (2015) CHRISTIAN CHILDREN'S HOME OF OHIO INC

Check if Schedule O contains a response or note to any line in this Part VIII . . . (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt excluded from tax business function under sections revenue revenue 512-514 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a **b** Membership dues 1 b c Fundraising events 1 c 125,351 d Related organizations 1 d e Government grants (contributions) . . 1 e 6,324,340 f All other contributions, gifts, grants, and similar amounts not included above . . 149,877 g Noncash contributions included in lines 1a-1f: \$ 87,949 7,599,568 Program Service Revenue **Business Code** 2a Misc_____ 811000 21,086 21,086 0 0. b Horseback Riding (PRS) 8,058 713900 13,347 5,289 0. c Mental Health Services 385,761 624100 385,761 0. 0 d Team Building Activity Fees 900099 9,770 9,770 0 0. e Private Pay per deims 623990 89,459 89,459 0 0. f All other program service revenue . . 6,450 6,450 0 0 525,873. Investment income (including dividends, interest and 3,052 0 0 3,052. Income from investment of tax-exempt bond proceeds . . . 4,865 0 0 4,865 (i) Real (ii) Personal 6 a Gross rents 45,244 b Less: rental expenses c Rental income or (loss) . . 45.244 d Net rental income or (loss) 45,244 0 45,244 (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 3,776 b Less: cost or other basis and sales expenses . . . 958 c Gain or (loss) 1.818. 1,818 0 1,818. 8 a Gross income from fundraising events Other Revenue (not including . . \$ 125,351. of contributions reported on line 1c). See Part IV, line 18. 24,821 b Less: direct expenses 52.746 c Net income or (loss) from fundraising events -27-925 -27,925 9 a Gross income from gaming activities. See Part IV, line 19. **b** Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 87,700 87,700 0 b <u>Unrealized Gain-investments</u> 900099 -5,8270 0 -5,827. c Mechnical Auto Repair 811000 10,603 0 10,603 0. d All other revenue e Total. Add lines 11a-11d 92,476 Total revenue. See instructions 15,892 244.971 608,284

34-1056506

Part IX Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	155,498.	155,498.		
4		>			
5	Compensation of current officers, directors, trustees, and key employees	106,653.	0.	106,653.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		-	·	
7	Other salaries and wages	4,748,957.	3,804,460.	747,052.	197,445.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,934.	58,234.	15,773.	2,927.
9	Other employee benefits	666,704.	477,673.	156,507.	32,524.
10	Payroll taxes	464,448.	376,164.	73,571.	14,713.
11	Fees for services (non-employees):	404,440.	370,104.	13,311.	14,713.
	Management				
	Legal	191,313.	107,604.	83,709.	0.
	Accounting	191,313.	107,004.	03, 109.	0.
	Lobbying	1,500.	0.	1,500.	0.
	Professional fundraising services. See Part IV, line 17	1/300.		1,300.	<u>0.</u>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	930.	930.	0.	0.
12	Advertising and promotion	69,671.	17,646.	12,646.	39,379.
13	Office expenses	143,193.	79,707.	52,781.	10,705.
14	Information technology	43,264.	959.	33,776.	8,529.
15	Royalties				
16	Occupancy	259,414.	153,933.	105,426.	55.
17	Travel	84,010.	67,394.	12,379.	4,237.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings	50,172.	22,244.	27,778.	150.
20	Interest	1,251.	0.	1,251.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	188,632.	123,435.	63,638.	1,559.
23	Insurance	83,007.	66,368.	13,511.	3,128.
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	Residential Household Exp	263,244.	263,244.	0.	0.
-	Foster Care Payments	351,790.	351,790.	0.	0.
	Bad Debt	5,609.	5,609.	0.	0.
d	Reference/Dues/Subscription	24,876.	2,941.	20,595.	1,340.
	All other expenses	19,542.	406.	17,657.	1,479.
25	Total functional expenses. Add lines 1 through 24e	8,000,612.	6,136,239.	1,546,203.	318,170.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
		r.	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	11,958.	1	13,193.
	2	Savings and temporary cash investments	1,294,771.	2	1,446,890.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	521,130.	4	711,392.
	5	Loans and other receivables from current and former officers, directors,	45 (May 1944)		
		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	25 - 937 - 315 - 93 - 204-200-200-200-200-200-200-200-200-200-	6	
ţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	64,239.	9	51,603.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	1,847,759.	10 c	1,974,220.
	11	Investments – publicly traded securities	454,120.	11	256,031.
	12	Investments – other securities. See Part IV, line 11	101/1101	12	200,001.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	·
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,193,977.	16	4,453,329.
	17	Accounts payable and accrued expenses	487,080.	17	502,072.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	487,080.	26	502,072.
		Organizations that follow SFAS 117 (ASC 958), check here ► x and complete			
ĕ		lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	2,799,338.	27	3,055,652.
Bal	28	Temporarily restricted net assets	841,137.	28	835,804.
D	29	Permanently restricted net assets	66,422.	29	59,801.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			NEW TOTAL PROPERTY OF THE PROP
S	30	Capital stock or trust principal, or current funds		30	and the second s
Set	31	Paid-in or capital surplus, or land, building, or equipment fund	Partitions were a second as a	31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	3,706,897.	33	3,951,257.
Z	34	Total liabilities and net assets/fund balances	4,193,977.	34	4,453,329.
			コリエンンリントー・		7,733,343.

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Form 990 (2015)

Forr	m 990 (2015) CHRISTIAN CHILDREN'S HOME OF OHIO INC 34-	1056506		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,2	44,9	72.
2	Total expenses (must equal Part IX, column (A), line 25)	2		00,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		44,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		06,8	
5	Net unrealized gains (losses) on investments	5	- 7	00,0	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,9	51,2	257.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.				
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	SHARRING CONTROLS	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidate <u>d b</u> asis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
k	b Were the organization's financial statements audited by an independent accountant?		2 b	Χ	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t, ••••	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				manufacture (2.40)
	Audit Act and OMB Circular A-133?		3 a	X	
b	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	,	3 b	X	

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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

CHR	ISTIAN CHILDREN'S HO					34-105650	
Par	Reason for Public Ch	arity Status (All o	rganizations must co	omplete	e this p	part.) See instruction	ns.
The c	rganization is not a private founda	tion because it is: (For	lines 1 through 11, chec	k only or	ne box.)		
1	A church, convention of church	ches, or association of	churches described in se	ction 17	'0(b)(1)(A)(i).	
2	A school described in section	n 170(b)(1)(A)(ii). (Atta	ch Schedule E (Form 99	or 990	-EZ).)		
3	A hospital or a cooperative ho	spital service organiza	tion described in section	170(b)	(1)(A)(iii).	
4	A medical research organization			10 10 1		T.	ne hospital's
	name, city, and state:						
5	An organization operated for the 170(b)(1)(A)(iv). (Complete F	the benefit of a college Part II.)	or university owned or o	perated	by a gov	vernmental unit described	in section
6	A federal, state, or local gover	rnment or governmenta	al unit described in section	on 170(b)(1)(A)(v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)		governr	nental u	nit or from the general pu	ublic described
8	A community trust described i	n section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	An organization that normally from activities related to its ex investment income and unrelations 30, 1975. See section 5	empt functions – subje ated business taxable i	ect to certain exceptions, ncome (less section 511	and (2)	no more	than 33-1/3% of its supp	oort from gross
10	An organization organized and	d operated exclusively	to test for public safety.	See sec t	ion 509	(a)(4).	
11	An organization organized and or more publicly supported organizes 11a through 11d that des	d operated exclusively ganizations described i scribes the type of sup	for the benefit of, to perform section 509(a)(1) or section 509tailed and	orm the fection 5	functions 09(a)(2) e lines 1	s of, or to carry out the pu . See section 509(a)(3). 1e, 11f, and 11g.	Check the box in
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elect A and B.	ct a majority of the director	ors or tru	stees of	the supporting organiza	tion. You must
b	Type II. A supporting organize management of the supporting must complete Part IV, Sect	g organization vested in ions A and C.	n the same persons that	control c	or manag	ge the supported organiz	ation(s). You
С	Type III functionally integrated organization(s) (see instruction	ted. A supporting organ ns). You must comple	nization operated in conrete Part IV, Sections A,	ection w	ith, and	functionally integrated w	ith, its supported
d	Type III non-functionally integrated. The or instructions). You must comp	egrated. A supporting ganization generally molete Part IV. Sections	organization operated in ust satisfy a distribution of A and D. and Part V.	connect equirem	ion with ent and	its supported organizatio an attentiveness require	n(s) that is not ment (see
е	Check this box if the organizar integrated, or Type III non-fun	tion received a written	determination from the IF				
f	Enter the number of supported or						
g	Provide the following information	about the supported or	ganization(s).				L
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizati in your go docun	on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No	#	
(A)							
(B)			18				
(B)							
(C)							
(D)							
(E)							
1							
Total							

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

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

Se	ction A. Public Support							
	endar year (or fiscal year iinning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			20				
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Se	ction B. Total Support						•	
	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			15		j.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10		A most of the second					
12	Gross receipts from related activities	es, etc. (see instru	ctions)			12		
13	First five years. If the Form 990 is organization, check this box and st	for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □	
Sec	tion C. Computation of Pul							
14	Public support percentage for 2015			. , , ,			%_	
	Public support percentage from 20		250				%	
16	a 33-1/3% support test — 2015. If to and stop here. The organization q	he organization di ualifies as a public	d not check the bo bly supported organ	x on line 13, and lin	ne 14 is 33-1/3% o	r more, check this	box ▶	
	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							
17	a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Exp	lain in Part VI how		
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-o	ets the 'facts-and- circumstances' tes	circumstances' test. The organization	st, check this box a qualifies as a pub	nd stop here. Exp licly supported org	lain in Part VI how anization	the ▶	
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instructio	ns ▶ 🗌	

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
	any 'unusùal grants.')	5,614,803.	5,840,916.	7,255,756.	7,344,930.	7,435,922.	33,492,327.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	5,614,803.	5,840,916.	7,255,756.	7,344,930.	7,435,922.	33,492,327.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						33,492,327.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6		5,840,916.	7,255,756.	7,344,930.	7,435,922.	33,492,327.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	3,014,003.	3,040,310.	7,233,730.	7,344,930.	7,433,322.	33,492,327.
b	similar sources	29,936.	73,762.	38,791.	12,110.	28,177.	182,776.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	29,936.	73,762.	38,791.	12,110.	28,177.	182,776.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		п				
	Total support. (Add lines 9, 10c, 11, and 12.)	5,644,739.	5,914,678.	7,294,547.	7,357,040.	7,464,099.	33,675,103.
	organization, check this box and st	top here	<u> </u>	nira, tourth, or titth	tax year as a sect	ion 501(c)(3)	▶ □
	tion C. Computation of Pub						
	Public support percentage for 2015	75 (SSC) (SSC)				- 1000	99.46 %
	Public support percentage from 20					16	99.39 %
	tion D. Computation of Inv						
	Investment income percentage for						0.54 %
	Investment income percentage from						0.61 %
	33-1/3% support tests — 2015. If is not more than 33-1/3%, check th	nis box and stop he	ere. The organizat	ion qualifies as a p	oublicly supported	organization	► X
	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organization	n ▶
20	Private foundation. If the organiza	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions	

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Pa	rt v.)		
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	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 the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		Fig. 1855
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6	r i	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	102k	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	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.)	10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a 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?	11a		
	b 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	11c		
Sec	ction B. Type I Supporting Organizations			
20			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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	34 - Hank	
Sec	tion D. All Type III Supporting Organizations			N11 - 23 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
			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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard	3		100
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	9		
	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ons).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
i	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
1	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the 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 3 3 345 - 3 363 - 3
3	Parent of Supported Organizations. Answer (a) and (b) below.			1466
ć	a 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		
1	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		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sec	tion 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						
Sec	tion 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):							
8	A Average monthly value of securities	1 a						
L	Average monthly cash balances	1 b						
	Fair market value of other non-exempt-use assets	1 c						
	I Total (add lines 1a, 1b, and 1c)	1 d						
	Discount 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						
Sec	tion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Typ	e III supporting organization	on				

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Schedule A (Form 990 or 990-EZ) 2015

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions	tion is responsive (provi	de details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:			1000
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	· 连续的主义在"在阿姆尔		
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			optoblished by their file
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7: \$	value of the second second		
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
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)	Company of Control		
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013		The second second second	Accessed Ministration
d	Excess from 2014			
е	Excess from 2015			

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Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

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

• ;	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.								
Name	of organization		***************************************	Employer identifica	ation number					
СН	CHRISTIAN CHILDREN'S HOME OF OHIO INC 34-1056506									
Pai	Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.									
1	1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.									
2										
3										
Pai	rt I-B Complete if the or	rganization is exempt under secti	on 501(c)(3).							
1	Enter the amount of any excis-	e tax incurred by the organization under secti	on 4955							
2	Enter the amount of any excis-	e tax incurred by organization managers und	er section 4955	▶\$	*******************************					
3		section 4955 tax, did it file Form 4720 for this								
4 :	a Was a correction made?				Yes No					
I	b If 'Yes,' describe in Part IV.									
Pai	rt I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).						
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	/ities ▶ \$						
2	Enter the amount of the filing of function activities	organization's funds contributed to other orga	nizations for section 52	27 exempt ▶ \$						
3	Total exempt function expendi line 17b	tures. Add lines 1 and 2. Enter here and on F	orm 1120-POL,							
4	Did the filing organization file I	Form 1120-POL for this year?			Yes No					
5	organization made payments. amount of political contribution	nd employer identification number (EIN) of al For each organization listed, enter the amou is received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing o elivered to a separate p	rganization's funds. Also political organization, suc	enter the					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					
(1)	2									
(2)										
(3)										
(4)										
(5)										
(6)										

Schedule C (Form 990 or 990-EZ) 2015

34-1056506

	"CHRISTIAN C	HITDREN 2 HOME OF	C OUTO INC	24-102	0000			
Part II-A Complete if section 501(the organizatio			AND DESCRIPTION OF THE PARTY OF				
A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name,								
A STATE OF THE PARTY OF THE PAR	address, EIN, expenses, and share of excess lobbying expenditures).							
B Check ► if the filing	g organization check	ed box A and 'limited contro	l' provisions apply.					
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ins amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals			
1 a Total lobbying expenditur	res to influence publi	c opinion (grass roots lobby	ing)					
b Total lobbying expenditur	res to influence a leg	islative body (direct lobbying	g)					
		l 1b)						
d Other exempt purpose ex	kpenditures	******						
e Total exempt purpose ex	penditures (add lines	s 1c and 1d)						
f Lobbying nontaxable amo	ount. Enter the amou	unt from the following table in	1 					
If the amount on line 1e, colu	umn (a) or (b) is:	The lobbying nontaxable	amount is:		Allocado de la como de			
Not over \$500,000		20% of the amount on line 1e.						
Over \$500,000 but not over \$1	,000,000	\$100,000 plus 15% of the excess	over \$500,000.					
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000.	a chadra repagnition at the fi				
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.					
Over \$17,000,000		\$1,000,000.						
		line 1f)						
		nter -0						
i Subtract line 1f from line	1c. If zero or less, er	nter -0						
j If there is an amount othe section 4911 tax for this y	er than zero on eithe year?	r line 1h or line 1i, did the or	ganization file Form 472	0 reporting	Yes No			
(Som	e organizations tha	4-Year Averaging Period U t made a section 501(h) el ns below. See the instructi	ection do not have to c					
	Lobb	ying Expenditures During	4-Year Averaging Peri	od				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total			
2 a Lobbying nontaxable amount								
b Lobbying ceiling amount (150% of line 2a, column (e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount					4.4.4.4.00.00.00.00.00.00.00.00.00.00.00			
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures				Schedulo C /Form	n 990 or 990-EZ) 2015			
BAA				Scriedule C (FOIII	1 000 01 000-12/2010			

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

	A commence of the commence of				
-	North North and the state of th	(a	1)	(b)
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
	a Volunteers?		X		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	c Media advertisements?		Х		
	d Mailings to members, legislators, or the public?		Х		
	e Publications, or published or broadcast statements?		Х		
	f Grants to other organizations for lobbying purposes?	Х			1,500.
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	i Other activities?		Х		
	j Total. Add lines 1c through 1i				1,500.
2	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	b If 'Yes,' enter the amount of any tax incurred under section 4912				
	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or		
	Section 301(c)(0).				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Tes No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3				_	
- /					04(0)
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	, or s III-A,	line 3, is	01(0)
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
	a Current year		2 a		
	b Carryover from last year		2 b		
	c Total		2 c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	υ συν συν συν συν συν συν συν συν συν συ				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
**********				15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15-00-15	

Part IV Supplemental Information

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

Pt II-B Line 1 Support of Cuyahoga County Health and Human Services Levy.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	CHRISTIAN CHILDREN'S HOME OF OHIO INC	34-1056506					
Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.						
	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor act are the organization's property, subject to the organization's exclusive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpo impermissible private benefit?	be used only se conferring Yes No					
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (e.g., recreation or education)	a historically important land area					
	Protection of natural habitat Preservation of	a certified historic structure					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the foliast day of the tax year.	rm of a conservation easement on the					
		Held at the End of the Tax Year					
ā	Total number of conservation easements	. 2a					
ŀ	Total acreage restricted by conservation easements	. 2 b					
	Number of conservation easements on a certified historic structure included in (a)						
(Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	. 2 d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ▶	the organization during the					
4	Number of states where property subject to conservation easement is located ▶						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling						
	and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	onservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse ► \$	rvation easements during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	170(h)(4)(B)(i) · · · · · · · · · Yes No					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experinclude, if applicable, the text of the footnote to the organization's financial statements that describe conservation easements.	ense statement, and balance sheet, and se the organization's accounting for					
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	Other Similar Assets.					
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or research in fin Part XIII, the text of the footnote to its financial statements that describes these items.	atement and balance sheet works of urtherance of public service, provide,					
t	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue staten historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:	nent and balance sheet works of art, erance of public service, provide the					
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
	If the organization received or held works of art, historical treasures, or other similar assets for final amounts required to be reported under SFAS 116 (ASC 958) relating to these items:						
	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X						

Part III Organizations Mainta	ining Collections	s of Art, Histo	rical	Treasures, or	Other Sim	ilar Asse	ets (contin	iued)	
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
a Public exhibition		d Loan o	r excha	ange programs					
b Scholarly research e Other									
c Preservation for future genera	tions			8					
4 Provide a description of the organi Part XIII.	ization's collections an	d explain how the	y furthe	r the organization	's exempt purp	ose in			
5 During the year, did the organizati to be sold to raise funds rather tha	on solicit or receive do n to be maintained as	nations of art, hist part of the organiz	torical tı zation's	reasures, or other collection?	similar assets	[Yes	No	
Part IV Escrow and Custodia line 9, or reported an a									
1 a Is the organization an agent, trusted on Form 990, Part X?				ions or other asse	ts not included	<u>.</u>	Yes	No	
b If 'Yes,' explain the arrangement in	Part XIII and complet	e the following tab	ole:						
						Д	mount		
c Beginning balance					. 1c				
d Additions during the year					. 1 d	WAR AND THE RESIDENCE			
e Distributions during the year					. 1 e				
f Ending balance					. 1f				
2 a Did the organization include an am	ount on Form 990, Pa	rt X, line 21, for es	scrow o	or custodial accour	nt liability? .		Yes	No	
b If 'Yes,' explain the arrangement in	Part XIII. Check here	if the explanation	has be	en provided on Pa	art XIII	 			
								ш	
Part V Endowment Funds. C	complete if the org	anization ansv	vered	'Yes' on Form	990, Part I	V. line 10).		
a conserved a grante and conserved a series. C	(a) Current year	(b) Prior year		(c) Two years back	(d) Three y		(e) Four year	ars back	
1 a Beginning of year balance	101,889.	112,14	10	102,950		4,549.		,563.	
b Contributions	50.	112/1	-	102/330	•	1/010.		,000.	
			-						
c Net investment earnings, gains, and losses	-1,970.	-75	51	13,290		8,401.	_1	,014.	
d Grants or scholarships			-	10/200	`	0/101.		7011.	
e Other expenditures for facilities and programs		9,50	20	4,100			***************************************		
f Administrative expenses		3,30	-	1,100	•				
g End of year balance	99,969.	101,88	00	112,140	10	2 050	0.4	F40	
2 Provide the estimated percentage					.1 10	2,950.	94	,549.	
a Board designated or quasi-endowr		o palarice (ilile 19,	Colum	ii (a)) iielu as.					
b Permanent endowment ►									
		0							
c Temporarily restricted endowment		90							
The percentages on lines 2a, 2b, a	ind 2c should equal 10	0%.							
3 a Are there endowment funds not in organization by:	the possession of the	organization that a	are held	d and administered	d for the		Yes	No	
(i) unrelated organizations						[3a(i) X		
(ii) related organizations							3a(ii)	X	
b If 'Yes' on line 3a(ii), are the related	d organizations listed a	as required on Sch	nedule l	R?			3b		
4 Describe in Part XIII the intended u	ises of the organization	n's endowment fu	nds.			<u>.</u>			
Part VI Land, Buildings, and		**************************************							
Complete if the organiz		es' on Form 9	90. Pa	art IV line 11a	See Form	990 Par	d X line 1	0	
Description of property									
Description of property	(a) Cost	or other basis vestment)	(b) C	Cost or other asis (other)	(c) Accumu depreciat	ion	(d) Book v	raiue	
1 a Land				31,557.			31	1,557.	
b Buildings			3	,223,952.	1,626	,366.		7,586.	
c Leasehold improvements				359,981.		,203.		9,778.	
d Equipment			1	,250,055.		,756.		5,299.	
e Other				12,500.	co tota	,500.		0.	
Total. Add lines 1a through 1e. (Column	(d) must equal Form 9	990, Part X, colum	ın (B), I				1,974	1,220.	

BAA

Part VII Investments — Other Securities. Complete if the organization answered '	Ves' on Form 000	Part IV line 11h See Form 990	Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	(4) 2001 14140	(c) Welfied of Valuation. Cost of Cha-	or year market value
(2) Closely-held equity interests			
(3) Other	-		
(A)			The state of the s
(B)	IZ.		
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(I)			v a anno 1
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2) (3)			Promise and the second
(4)			
(5)			2
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > Part IX Other Assets.	<u> </u>		
Complete if the organization answered "	Yes' on Form 990,	Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De	scription		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)		************************************	
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) li	ne 15.)		
Part X Other Liabilities.	and the same of th		
Complete if the organization answered 'Yes' on F			
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)		A STATE OF THE PROPERTY OF THE STATE OF	
(5)			
(6)			
(7)			
(8)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot			
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote l	nas been provided in Part XII		

Sche	edule D (Form 990) 2015 CHRISTIAN CHILDREN'S HOME OF OHIO INC 3	4-1056506	Page 4
Par	TXI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	eturn.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1 8	3,297,718.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	a Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
c	d Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2 e	52,746.
3	Subtract line 2e from line 1	. 3	8,244,972.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	8,244,972.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Return.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	8,053,358.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	a Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	d Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		52,746.
3	Subtract line 2e from line 1	. 3	8,000,612.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	8,000,612.
	t XIII Supplemental Information.		
Provi line 4	ide 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, 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 addition	onal information	.
	Earning used for Equine Therapy Program and general	support of	-
Pt	V, Line 4 organization.		
	Form 990 Part VIII (line 8(a)) direct expenses for fu	ndraising	event of
	\$52.746 was deducted from gross revenue. On the audi	ted financ	cials the

Pt XI, Line 2d expense was reported in expense and NOT deducted from revenue.

Pt XII, Line 2d Same explanation as Pt XI, line 2d

BAA

Schedule D (Form 990) 2015

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHRISTIAN CHILDREN'S HOME OF OHIO INC

Employer identification number

34-1056506

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?...

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The f	ollowing Part I, line	3 table can be du	plicated if additional space is nee	eded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) South America	0	0	Grants to organizaton		155,498.
(2)					
(3)					
(4)					
(5)		~			
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total	0	0			155,498.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) .	0	0			155,498.

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

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 CHRISTIAN CHILDREN'S HOME OF OHIO INC

Partill Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(South America	America General Support	155,498.	Money Wired			
(3)									
(3)									
(4)									
(5)									
(9)									
(0)									
(8)									
(6)									
(10)									
(11)									
(12)									
(13)									
(114)									2
(15)									
(16)									
	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ons listed above that a ction 501(c)(3) equival-	re recognized as cha ency letter	arities by the forei	gn country, recogni	zed as tax-exempt	by the IRS, or for w	hich	1
3 Enter total number of BAA	Enter total number of other organizations or entities.							Schedule F	Schedule F (Form 990) 2015

TEEA3502 05/27/15

Schedule F (Form 990) 2015 CHRISTIAN CHILDREN'S HOME OF OHIO INC

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

מוניול, וווס וס: ו מוניוו סמון גס מעטוסמנסע וו מעמונוסוומו	ב מקטובמוכם זו מתחור	ional space is needed.	ceded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal,
						38	oulei)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)	Đ						
(6)							
(10)							
(11)					74		
(12)						=	
(13)	-						
(14)							
(15)							
(16)							
(17)							
(18)							
BAA						Schedule F	Schedule F (Form 990) 2015

Sche	edule F (Form 990) 2015 CHRISTIAN CHILDREN'S HOME OF OHIO INC	34-1056506	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receip of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)		X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	· · · · · · · · · · Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No

Did the organization have any operations in or related to any boycotting countries during the tax year?

If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).................

X No

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Pt I Line 2

Organization is in Peru and does very similar work as our organization (Christian Children's Home of Ohio).

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

34-1056506 CHRISTIAN CHILDREN'S HOME OF OHIO INC Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants e b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g d In-person solicitations b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) or entity (fundraiser) from activity (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

R		List events with gross receipts gree	(a) Event #1 Golf Outing (event type)	(b) Event #2 Auction/Grill Off (event type)	(c) Other events	(d) Total events (add column (a) through column (c))
REVEZUE	1	Gross receipts		27,230.	28,160.	150,172.
Ĕ	2	Less: Contributions	86,902.	10,289.	28,160.	125,351.
	3	Gross income (line 1 minus line 2)	7,880.	16,941.	0.	24,821.
	4	Cash prizes	2,384.			2,384.
n	5	Noncash prizes	2,437.	510.	942.	3,889.
D I R E C T	6	Rent/facility costs				
	7	Food and beverages	6,805.	1,161.	205.	8,171.
EXPENSES	8	Entertainment		670.	132.	802.
N S E	9	Other direct expenses	5,531.	29,541.	2,428.	37,500.
S	10 11	Direct expense summary. Add lines 4 throu- Net income summary. Subtract line 10 from				52,746. -27,925.
Par	t III	Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.				
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
U E	1	Gross revenue				
E	2	Cash prizes				
DIRECT	3	Noncash prizes				
C S T E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)	*****		-
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		
	ls th	er the state(s) in which the organization conduct organization licensed to conduct gaming aco,' explain:	ctivities in each of these			
		e any of the organization's gaming licenses nes,' explain:				· Yes No

Sche	edule G (Form 990 or 990-EZ) 2015 CHRISTIAN CHILDREN'S HOME OF OHIO INC 34-1056506	Page 3
11		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
	The organization's facility	્રે
	An outside facility	્રે
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address •	
Ł	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes of Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If 'Yes,' enter name and address of the third party: Name •	_
	Address	
16	Gaming manager information:	
	Name •	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	
Par	organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Open To Public

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

CHRISTIAN	CHILDREN'S	HOME O	F OHIO	INC		34-1056506
Part I Ex Cor	cess Benefit 'nplete if the organ	Transacti nization ansv	i ons (sec	ction 501(c)(3), section 50 on Form 990, Part IV, line 25a	1(c)(4), and 501(c) or 25b, or Form 990-EZ	(29) organizations only) , Part V, line 40b.
			/L\ D	lationalis batana dia califord		

1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected?
· • • · · · · · · · · · · · · · · · · ·		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2 =		an arganization managers or disqualified narroom	1.1.1.1.		-

2	section 4958	>	\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	•	\$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	from	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In d	lefault?	(h) App by boa commi	roved ard or attee?	(i) Wri agreen	tten nent?
		20	То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)									125-2-122			
(4)												
(5)												
(6)												
(7)												
(8)												
(9)								and services				
(10)												
Гоtal						***************************************						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)	,			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Weaver Commercial Contractors	Entity more than 35% owned	110,279.	Construction contract		Х
(2) .	Ron Wenger-board Trustee	0.	•		Х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Public Inspection

CHRISTIAN CHILDREN'S HOME OF OHIO INC

Employer identification number 34-1056506

Pa	t I Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	Х		30,935.	Garage sale value
6	Cars and other vehicles	Х	3		Retail value
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate – Other	***************************************			
18	Collectibles				
19	Food inventory	X	250	8,063.	Cost
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Farm_Supplies) .	X	12	8,114.	
26	Other (Fund Raising Event _) ·	X	64	13,715.	Cost
27	Other () ·				
28	Other► () .		<u> </u>	<u> </u>	
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A				29
					Yes No
30a	During the year, did the organization receive by conti it must hold for at least three years from the date of t	ribution any ן he initial con	property reported in Part tribution, and which is no	I, lines 1 through 28, that required to be used	at I i i i i i i i i i i i i i i i i i i
	for exempt purposes for the entire holding period? .				30 a X
b	If 'Yes,' describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy	that requires	the review of any non-st	tandard contributions?	31 X
32a	Does the organization hire or use third parties or rela noncash contributions?	ted organiza	tions to solicit, process,	or sell	32 a X
b	If 'Yes,' describe in Part II.				
33	If the organization did not report an amount in column describe in Part II.	n (c) for a typ	be of property for which o	column (a) is checked,	

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

Schedule M (Form 990) (2015)

Page 2

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990. Employer Identification number

CHRISTIAN CHILDREN'S HOME OF OHIO INC

Part VI (6&7) - Since the question refers to a person, we answered "no" to the question. But we do have "member" churches defined as follows: "Members" are defined in our Code of Regulations "Membership" in the Christian Children's Home of Ohio, Inc. shall consist of Christian Churches and Churches of Christ, which receive into fellowship only

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or amendments to the Code of Regulations. Part VI(11)(A & B) - A copy of the complete 990 is provided to the entire Board of Directors prior to filing. The Board of Directors are asked to review the form 990 and respond with any questions within a 2 day period.

immersed believers in Jesus Christ, who voluntarily co-operate with, and financially support the work and programs of Christian Children's Home of Ohio, Inc. The only decision that the member churches make is changes

Part VI(12)(C) - Conflict of Interest questionnaires are provided to every individual of the Board of Directors at the end of the fiscal year. The questionnaire covers all of the IRS Conflict of Interest. The Board of Directors fill out, sign and return them to the Executive Director.

Part VI(15)(A&B) - The process is as follows: a. The Board President reviews the most recent Child Welfare League of America Salary Survey and/or the Evangelical Council for Financial Accountability (ECFA) compensation survey. The average base salary for the Executive Director and other officers and key employees in private agencies ranging from \$5 to \$10 million average annual budget in the Midwest is determined and adjusted for the cost of living increase from the printing of the study. Both the mean and the median are considered and compared to the CCHO Executive Director's current compensation package b. Agency and Executive Director performance and the Ends achievement are evaluated and the compensation package [considering all compensation and benefits] is adjusted based on a combination of the industry statistics and the performance. A recommendation for increase is prepared in writing by the Board President and submitted to the Board for approval. C. An Executive Session of the Board is held to discuss and modify the package adjustments. A Board motion and vote are then required for approval. Part VI(19) - copies of all referenced documents are available upon request.

Supporting Statement of:

Form 990 p 9/Fundraising Events

Description	Amount
Cash	97,231.
In kind	28,120.
Total	125,351.

Supporting Statement of:

Form 990 p 9/Gross Income from Line 1C

Description	Amount	
Cash	97,231.	
In Kind	28,120.	
Total	125,351.	

Supporting Statement of:

Form 990 p 9/Line 8b Direct Expenses

Description	Amount
Cash Exp	24,626.
In Kind exp	28,120.
Total	52,746.

Supporting Statement of:

Sch. A, page 3/Gifts, Grants, Fees Amt.-3

Description	Amount
Part VIII Line 1e	5,792,965.
Part VIII line 1f	1,462,791.
Total	7,255,756.

Supporting Statement of:

Sch. A, page 3/Line 10a-3

Description			Amount	
Part	VIII	line	3	3,592.
11	11	line	5	0.
***	11	line	6	35,199.

Total _____38,791.

Supporting Statement of:

Sch. G, page 2/Event 1 Charitable Contri

(2) (2)	Description	Amount
		58,782.
in kind		28,120.
Total		86,902.

Supporting Statement of:

Sch. G, page 2/Event 1 food

Description	Amount
	2,469.
In Kind	2,469. 4,336.
Total	6,805.

Supporting Statement of:

Sch. G, page 2/Event 2 Other Direct Exp.

Description	Amount
	5,757.
In Kind-Chevy Spark	14,405.
In Kind-other gifts	9,379.

Total _____29,541.