Г	Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency								
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	specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling"								
	selection box in the Adobe "Print" dialog.								
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# \*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, and ending JUN 30, 2016 Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable:	C Name of organization	D Employer	identifi	cation number									
	Address													
F	Name change	Doing business as	$\dashv$	17-4	495431									
X	Initial return	<u> </u>	uite <b>E</b> Telephone											
Ē	Final	255 BIRCHWOOD AVENUE		626-8623										
	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts		333,654.									
	Amende			H(a) Is this a group return										
	Applica tion			for subordinates? Yes X No										
	pending	SAME AS C ABOVE			ncluded? Yes No									
$\overline{\Gamma}$	Tax-exe				list. (see instructions)									
J	Website	E ► WWW.BOUNCECHILDRENSFOUNDATION.ORG	H(c) Group ex											
K	orm of o	organization: X Corporation Trust Association Other ▶ L	ear of formation: 20	015 N	<b>1</b> State of legal domicile: ${ t IL}$									
Pa		Summary												
Q	1 E	Briefly describe the organization's mission or most significant activities: ${ t TO \ \ BUILD}$	COMMUNITY	r FO	R									
Governance	9	CHRONICALLY ILL CHILDREN AND THEIR FAMILIES,	CREATING	CON	NECTION,									
ern	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Š	1	lumber of voting members of the governing body (Part VI, line 1a)			9									
	1	lumber of independent voting members of the governing body (Part VI, line 1b)			8									
ties		otal number of individuals employed in calendar year 2015 (Part V, line 2a)		-	100									
Activities &		otal number of volunteers (estimate if necessary)			0.									
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.									
	יו מ	let unrelated business taxable income from Form 990-T, line 34	Prior Year	/10	Current Year									
_	8 0	Contributions and grants (Part VIII, line 1h)	Prior real		326,969.									
nue		Program service revenue (Part VIII, line 2g)			0.									
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.									
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,685.									
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			333,654.									
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.									
		Benefits paid to or for members (Part IX, column (A), line 4)			0.									
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			134,183.									
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.									
νbe	b T	otal fundraising expenses (Part IX, column (D), line 25)   50,101.												
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			35,195.									
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			169,378.									
	19 F	levenue less expenses. Subtract line 18 from line 12			164,276.									
Net Assets or Fund Balances			Beginning of Curre	nt Year	End of Year									
SSE	20 T	otal assets (Part X, line 16)			259,355. 88,079.									
let /	21 1	otal liabilities (Part X, line 26)			171,276.									
P	22 N art II	let assets or fund balances. Subtract line 21 from line 20			1/1,2/0•									
		ies of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the b	est of m	v knowledge and belief, it is									
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer			,,									
Sig	n	Signature of officer	Date											
Hei	re	JOAN STELTMANN, CEO												
		Type or print name and title	15.		- I STIN									
		Print/Type preparer's name Preparer's signature		Check if	PTIN									
Pai	-	MARCY STEINDLER		self-employe										
	-	Firm's name MANN. WEITZ & ASSOCIATES L.L.C.	Firm's	EIN ▶	36-3963131									
USE	Only	Firm's address 111 DEER LAKE ROAD, SUITE 125	Di-	/ 0	17\267_2100									
N 4 -		DEERFIELD, IL 60015	Pnone	110. ( 0	47)267-3400 X Yes No									
ivia	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No									

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO BUILD COMMUNITY FOR CHRONICALLY ILL CHILDREN AND THEIR FAMILIES.
	Did the expenientian undertake any cignificant program contines during the year which were not listed an
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$47,187. including grants of \$) (Revenue \$)
	BOUNCE BASH - HOSTS EVENTS FOR NUCLEAR FAMILIES WHO COME TOGETHER TO
	FORM AN EXTENDED BOUNCE FAMILY. EXAMPLES INCLUDE: A HALLOWEEN PARTY,
	BASEBALL GAMES, MOVIE PREMIERS, A TRIP TO THE CIRCUS, BOWLING AND
	ROLLER SKATING. THESE EVENTS PROVIDE MUCH NEEDED DIVERSION FROM SCARY
	DOCTOR'S VISITS, PAINFUL THERAPIES, AND THE NASTY SIDE EFFECTS OF
	MEDICINE AND TREATMENT. THEY ALSO PROVIDE FACE-TO-FACE OPPORTUNITIES
	FOR SICK KIDS TO FEEL ACCEPTED AND NORMAL, AND THEY RESTORE THE JOY OF
	CHILDHOOD WHICH HAS BEEN TAKEN AWAY BY CHRONIC ILLNESS. IN ADDITION,
	BROTHERS AND SISTERS ARE AFFORDED THE OPPORTUNITY TO NOT FEEL
	UNCOMFORTABLE WHEN OUT WITH THEIR SICK SIBLING IN PUBLIC. PARENTS ARE
	ABLE TO SHARE EXPERIENCES AND WISDOM WITH ONE ANOTHER AND TO EXCHANGE
	RESOURCES AND SUPPORT.
4b	(Code:) (Expenses \$ 8,467. including grants of \$) (Revenue \$)  BOUNCE IT FORWARD - INVITES INDIVIDUALS AND ORGANIZATIONS TO "PAY IT
	BOUNCE IT FORWARD - INVITES INDIVIDUALS AND ORGANIZATIONS TO "PAY IT FORWARD" BY DONATING UNNEEDED TICKETS TO SPORTING, THEATRE AND OTHER
	EVENTS. THESE TICKETS ARE THEN SHARED WITH BOUNCE KIDS AND FAMILIES
	PROVIDING UNEXPECTED MOMENTS OF FUN WHICH RESTORE SPIRIT AND OPTIMISM
	FOR FAMILIES EXPERIENCING THE NEGATIVE EMOTIONAL IMPACT OF FREQUENT
	MEDICAL INTERVENTION.
4c	(Code: ) (Expenses \$ 7,467. including grants of \$ ) (Revenue \$ )
	BOUNCE NET - IS A SAFE SPACE ONLINE FOR PARENTS/CAREGIVERS TO FORM A
	VIRTUAL COMMUNITY OF SHARED SUPPORT. THEY CAN ACCESS KEY RESOURCES AND
	EDUCATION AS WELL AS COMPARE NOTES AND BUILD RESILIENCE SKILLS FOR BOTH
	THEMSELVES AND THEIR FAMILIES.
	Others are a variety (Paracite dia Othershold O)
4d	` 0 026
40	. 72 657
<del>40</del>	Total program service expenses / 3 , 0 5 / .  Form <b>990</b> (2015)
	1 01111 000 (2010)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			3,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
	complete Schedule G, Part III	19		

# Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	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? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ــا	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		22
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,,
	Part V, line 1	34		X
	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			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<sub>v</sub>
0-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38		(004.5)

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
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?	7a	X	<b>—</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<b>—</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Х
_	sponsoring organization have excess business holdings at any time during the year?	8		$\stackrel{f \Lambda}{=}$
9	Sponsoring organizations maintaining donor advised funds.	0-		Х
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X
40		90		21
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2015

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	····			
	more members of the governing body?		7a		х
b		····			
-	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	····  -			
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
	Tell 211 ellere (mile decilen 2 requeste miermatien about poince net required by the internal revenue decie.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Γ	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	····  -	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	"			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	····	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	····  -			
Ŭ	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?	····	13		Х
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		Х
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	····	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
			16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed ▶IL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or	alv) av	zilah	ما	
10	for public inspection. Indicate how you made these available. Check all that apply.	iiy) a\	anau	ic	
	X Own website Another's website X Upon request Other (explain in Schedule O)				
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	and	finan	cial	
19	statements available to the public during the tax year.	, ariu	man	uai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
20	JOAN STELTMANN - 844-626-8623				
	255 BIRCHWOOD AVE, DEERFIELD, IL 60015				

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

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

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

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

(list any hours for related organizations below line)   (1) COREY MARTENS   (2.00   SHERRI HLAVACEK   (3) BRENT BREITHAUPT   (4) PETE DELNEKY   (4) PETE DELNEKY   (4) PETE DELNEKY   (5) CAROL FRANCZEK   (6) NICOLE HENNING   (6) NICOLE HENNING   (6) NICOLE HENNING   (6) NICOLE HENNING   (7) ROBERT LUCAS   (8) JAMI GUTHRIE   (1.00   COMPANISC)   (1) Organizations (W-2/1099-MISC)   (2) Or	<b>(A)</b> Name and Title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) COREY MARTENS CHAIRMAN  (2) SHERRI HLAVACEK TREASURER  (3) BRENT BREITHAUPT SECRETARY  (4) PETE DELNEKY DIRECTOR  (5) CAROL FRANCZEK DIRECTOR  (6) NICOLE HENNING DIRECTOR  (7) ROBERT LUCAS DIRECTOR  (8) JAMI GUTHRIE DIRECTOR  (9) JOAN STELTMANN  (2) VX  X  X  X  X  X  X  X  X  X  X  X  X		hours for related organizations below line)	rigividual trustee or director of inector of	organization		organization					
1.00	(1) COREY MARTENS	2.00	١,,		٠,,				0	0	0
X   X   X   X   X   X   X   X   X   X		1 00	X		X				0.	0.	0
SECRETARY		1.00	₩.		l 🕶				0	0	0
X   X   0.   0.   (4) PETE DELNEKY   2.00   X   0.   0.   (5) CAROL FRANCZEK   1.00   X   0.   0.   (6) NICOLE HENNING   1.00   X   0.   0.   (6) ROBERT LUCAS   1.00   X   0.   0.   (8) JAMI GUTHRIE   1.00   X   0.   0.   (9) JOAN STELTMANN   40.00   0.   (9) JOAN STELTMANN		1 00	^		^				0.	0.	U .
(4) PETE DELNEKY       2.00         DIRECTOR       X         (5) CAROL FRANCZEK       1.00         DIRECTOR       X         (6) NICOLE HENNING       1.00         DIRECTOR       X         (7) ROBERT LUCAS       1.00         DIRECTOR       X         (8) JAMI GUTHRIE       1.00         DIRECTOR       X         (9) JOAN STELTMANN       40.00		1.00	$\frac{1}{x}$		v				0	0	0
Director   X		2.00	122		1				0.	0.	0
1.00			$\mathbf{x}$						0.	0.	0
DIRECTOR   X		1.00	<del> </del>								
(6) NICOLE HENNING	DIRECTOR		x						0.	0.	0
(7) ROBERT LUCAS       1.00         DIRECTOR       X         (8) JAMI GUTHRIE       1.00         DIRECTOR       X         (9) JOAN STELTMANN       40.00	(6) NICOLE HENNING	1.00									
DIRECTOR	DIRECTOR		X						0.	0.	0 .
(8) JAMI GUTHRIE	(7) ROBERT LUCAS	1.00									
DIRECTOR	DIRECTOR		X						0.	0.	0 .
(9) JOAN STELTMANN 40.00	(8) JAMI GUTHRIE	1.00									
	DIRECTOR		Х						0.	0.	0
CHIEF EXECUTIVE OFFICER  X X 0. 0. (		40.00	<b>.</b>								
	CHIEF EXECUTIVE OFFICER		X		X				0.	0.	0 .
			<u> </u>								
			1_								
			-								

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation		ar	nount	of
		week	Week						from from relate				other	tion
		hours for	direct				-		the organization	organization (W-2/1099-MIS			pensa om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 1111	,		anizat	
		organizations	trust	nal tru		)yee	ompe					an	d relat	ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizati	ons
		line)	Б	lus	JJ0	Key	en Hig	휸						
			1											
			1											
			1											
			-											
			1											
			-											
								Ļ	0.		0.			0.
	Sub-total								0.		0.			0.
	Total (add lines the and to)								0.		0.			0.
u	Total (add lines 1b and 1c)  Total number of individuals (including but n									L 0.000 of reportab	-			
_	compensation from the organization						<b>-</b> ,		3331134 111313 111411 <b>4</b> 133	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	-		-					•	the organization				37
_	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	•				•			ted organization or indiv	idual for services	,	5		Х
Sec	tion B. Independent Contractors	piete ochedur	<del>C                                    </del>	01 30	ucii	pers	SOIT .							
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation	from	
	the organization. Report compensation for													
	(A)								(B)			(0		
	Name and business	address	N	INC	3				Description of s	services		ompe	nsatio	n
-														
								_						
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li:	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🚩					<u> </u>							

532008 12-16-15

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			· ·	,	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
yy	4 -	Fordayated comparisons	la a			Toveride	10101100	312 - 314
aut		Federated campaigns						
رج ق		Membership dues		1 570				
Ţţ,		Fundraising events		1,570.				
혈혈		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribution	· · -					
흕	f	All other contributions, gifts, grant						
혈美		similar amounts not included abov	/e <b>1f</b>	325,399.				
g	g	Noncash contributions included in lines	1a-1f: \$					
<u>8</u> 0	h	Total. Add lines 1a-1f			326,969.			
				Business Code				
e l	2 a	l <u></u>						
اھ جَ	b							
Se	С							
a a	d							
Program Service Revenue	6							
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	3	other similar amounts)						
	4	Income from investment of tax						
	4							
	5	Royalties	(i) Real					
	٠.	Cuasa vanta	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		L				
		Net gain or (loss)		<b>D</b>				
ne	8 a	Gross income from fundraising	g events (not					
Other Reven		including \$ 1,5						
Re		contributions reported on line	,	( (05				
ē		Part IV, line 18						
₹		Less: direct expenses		0.	6 605			6 605
_		Net income or (loss) from fund		<b>_</b>	6,685.			6,685.
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
		Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale:	s of inventory					
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			222 47			
	12	Total revenue. See instructions.			333,654.	0.	0.	6,685.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 129,327. 51,731. 38,798. 38,798. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 4,856. 1,942. 1,457. 1,457. Payroll taxes 10 Fees for services (non-employees): 11 a Management ..... Legal 7,856. 3,142. 2,357. 2,357. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 8,385. 5,248. 991. 2,146. Office expenses 13 14 Information technology Royalties 15 126. 113. 16 Occupancy 5,498. 3,698. 247. 1,553. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,372. 2,372. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 1,167. 467. 350. 350**.** Depreciation, depletion, and amortization ..... 22 2,906. 872. 872. 1,162. 23 Other expenses. Itemize expenses not covered 24 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.) **MISCELLANEOUS** 6,885. 3,182. 1,148. 2,555. С All other expenses 169,378. 73,057. 46,220 50,101. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2015)

Check here

if following SOP 98-2 (ASC 958-720)

# Form 990 (2015) Part X Balance Sheet

га	πх	Balance Sneet					
		Check if Schedule O contains a response or not	te to any li	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			0.	1	127,667.
	2	Savings and temporary cash investments		2	-		
	3	Pledges and grants receivable, net		0.	3	125,855.	
	4	Accounts receivable, net			4	·	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section		·			
		employers and sponsoring organizations of sec					
Ŋ		employees' beneficiary organizations (see instr).	` '	`` '		6	
Assets	7	Notes and loans receivable, net	_		7		
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,000.			
	b	Less: accumulated depreciation	10b	1,167.	0.	10c	5,833.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	0.	16	259,355.		
	17	Accounts payable and accrued expenses	0.	17	88,079.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r officers, o	directors, trustees,			
Ě		key employees, highest compensated employee	es, and dis	squalified persons.			
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third par	rties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). C	Complete Part X of			
		Schedule D			_	25	
	26	Total liabilities. Add lines 17 through 25			0.	26	88,079.
		Organizations that follow SFAS 117 (ASC 958	3), check h	here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar					45 404
auc	27	Unrestricted net assets			0.	27	45,421.
Fund Balances	28	Temporarily restricted net assets			0.	28	125,855.
p	29					29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958),	check here ▶ 📖 📗			
ğ		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment f	fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	164 061
2	33	Total net assets or fund balances			0.	33	171,276.
	34	Total liabilities and net assets/fund balances			0.	34	259,355.

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		3,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,3 4,2				
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5		7,0				
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	17	1,2	76.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOUNCE CHILDREN'S FOUNDATION

**Employer identification number** 47-4495431

Pa	rt I	Reason for Public		All organizations must co		is nart ) Se	e instructions	7 1133131
	organ	ganization is not a private foundation because it is: (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
1	H	•	•				I)(A)(I).	
2	H	A school described in <b>sect</b>		•			::\	
3	H	A hospital or a cooperative					-	the beenitel's name
4	ш	A medical research organiz	ation operated in co	njunction with a nospita	described	ı iii secilo	11 170(b)( 1)(A)(iii). Enter	the nospital's name,
_		city, and state:	or the benefit of a co	llaga ar university auga	d or opera	tod by a a	avaramantal unit daarik	and in
5		An organization operated for		illege of utiliversity owner	u or opera	teu by a g	overnmental unit descrit	Jeu III
		section 170(b)(1)(A)(iv). (C				70/L\/4\/A\	<i>(</i> )	
6 7	X	A federal, state, or local go	ū				• •	
′	21	An organization that norma	•	initial part of its support	rom a gov	emmentai	unit or from the general	public described in
8		section 170(b)(1)(A)(vi). (C	•	(1)(A)(vi) (Complete Per	+ 11 \			
9	H	An organization that norma				oontributi	ana mambarahin faca a	and gross resoints from
9		An organization that norma activities related to its exen	• • • • • • • • • • • • • • • • • • • •	•	•		• •	
		income and unrelated busin	-	•				-
		See section 509(a)(2). (Con		(less section of reax) if	om busine	sses acqu	illed by the organization	arter durie 50, 1975.
10		An organization organized	. ,	ively to test for public sa	afety See	section 50	)9(a)(4).	
11	$\Box$	An organization organized a	•	•	•			e purposes of one or
•		more publicly supported or	=	•	•		•	
		lines 11a through 11d that						
а		Type I. A supporting orga				-		giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		$oldsymbol{ol}}}}}}}}}} $	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
	_	_ its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
d			<b>/ integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	•	· ·				
е		Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organi	zation.		
f		er the number of supported of	•					
g		vide the following information (i) Name of supported	ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization	(,	(described on lines 1-9	listed i	n your	support (see	other support (see
				above (see instructions))	governing o	No No	instructions)	instructions)
						- 110		
Γota	ıl							

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					329,719.	329,719.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3					329,719.	329,719.
	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)						10,624.
6	Public support. Subtract line 5 from line 4.						10,624.
	ction B. Total Support				•		<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	` ,	` '	, ,		329,719.	(f) Total 329,719.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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						329,719.
12	Gross receipts from related activities	, etc. (see instructi	ons)		•	12	3,935.
13	First five years. If the Form 990 is fo	r the organization's				n 501(c)(3)	
	organization, check this box and stor	o here					<b>X</b>
Sec	ction C. Computation of Pub	ic Support Pe	rcentage				
14	Public support percentage for 2015 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - <b>2015.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	t - <b>2014.</b> If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</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	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	(=) 0011	(h) 0010	(=) 0010	(4) 001 4	(-) 0015	(6) Total
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6  Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (	line 8, column (f) d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)15</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No		
	1				
	2				
	3a				
	3b				
	3с				
	4-				
	4a				
	4b				
	4c				
	5a				
	5b				
	5c				
	50				
	6				
	7				
	8				
	9a				
	9b				
	-				
	0-				
	9с				
	10a				
	105				
	10b				
m 990 or 990-EZ) 2015					

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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		
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 yea(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	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 <i>Part VI</i> the role played by the organization in this regard.	3b		
	or its supported organizations: it ites, describe litt art vi the role played by the organization in this regard.	JU		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. <b>See inst</b> ri	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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-functionall	y-integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	¹t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	,	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
С				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
Ť	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
_	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
_	EA0000 HOIII 2010			

Schedule A (Form 990 or 990-EZ) 2015

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

BOUNCE CHILDREN'S FOUNDATION

47-4495431

Organization type (check one):						
Filers of	:	Section:				
Form 990 or 990-EZ		$\boxed{X}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 990	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note. Or General	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  General Rule  X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it <b>mu</b>	religious, charitable, etc., contributions totaling \$5,000 or more during the year \					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

# BOUNCE CHILDREN'S FOUNDATION

47-4495431

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

BOUNCE CHILDREN'S FOUNDATION 47-4495431

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

# BOUNCE CHILDREN'S FOUNDATION

47-4495431

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

Employer identification number

Name of organization

BOUNCE	CHILDREN'S FOUNDATION		47-4495431
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	tributions to organizations described columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations
	Use duplicate copies of Part III if addition		(4
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
raili			
_		t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOUNCE CHILDREN'S FOUNDATION

**Employer identification number** 47-4495431

Pai	t I Organizations Maintaining Donor Advise		unds or Accounts Complete if the				
ı aı			inds of Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts				
		(a) Donor advised funds	(b) I unus 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 v	writing that the assets held in donor	advised funds				
	are the organization's property, subject to the organization's $ \\$	exclusive legal control?	Yes				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds ca	n be used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purp	pose conferring				
	impermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 9	990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (e.g., recreation or e		historically important land area				
	Protection of natural habitat	· —	certified historic structure				
	Preservation of open space		t dortined motorie directare				
2	Complete lines 2a through 2d if the organization held a qualif	find concernation contribution in the	form of a consequation assembnt on the last				
_		ned conservation contribution in the	Held at the End of the Tax Year				
	day of the tax year.						
а	Total number of conservation easements						
b							
С	Number of conservation easements on a certified historic stru						
d	Number of conservation easements included in (c) acquired a		1 1				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated b	y the organization during the tax				
	year ▶						
4	Number of states where property subject to conservation eas	sement is located >					
5	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?						
6							
	<b>•</b>	,	•				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	servation easements during the year				
	<b>▶</b> \$		g ,				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section	170(b)(4)(B)(i)				
Ū	and section 170(h)(4)(B)(ii)?	•					
9	In Part XIII, describe how the organization reports conservati						
9	-						
	include, if applicable, the text of the footnote to the organizat	tion's imancial statements that descr	ibes the organization's accounting for				
Dai	conservation easements.  † III   Organizations Maintaining Collections or	f Art Historical Treasures	or Other Similar Assets				
rai	Complete if the organization answered "Yes" on Form		or Other Sillinar Assets.				
4-	-		tota was not a sale balance also at was despet				
ıa	If the organization elected, as permitted under SFAS 116 (AS						
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that descri						
b	If the organization elected, as permitted under SFAS 116 (AS						
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of	of public service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for fina	ancial gain, provide				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
b	Assets included in Form 990, Part X						

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

Schedule D (Form 990) 2015

Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	r Othe	r Simila	r Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, access	on, and other record	ds, checl	k any of the	following that	are a sig	nificant us	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d	· 🖳	Loan or exc	hange prograr	ns				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizatio	n's exem	pt purpos	e in Parl	XIII.	
5	During the year, did the organization solicit of							_	_	
_	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "\	es" on F	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod								7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table:						
									Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								T.,	
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete in						<u></u>			
ı aı	Endowment I dilus. Complete			rior year	(c) Two years	-		are back	(a) Four	voare back
10	Paginning of year balance	(a) Current year	(b) F	Tior year	(C) TWO years	Dack (	a) Tillee ye	ars back	(e) i oui	years back
	Beginning of year balance					+				
	Contributions					+				
	Grants or scholarships					+				
	Other expenditures for facilities					-				
-	•									
f	and programs Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end haland	l :e (line 1	a column (a	l held as:					
	Board designated or quasi-endowment	•	%	9, 001411111 (6	a)) Held do.					
	Permanent endowment	%								
	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administer	ed for the	e organiza	tion		
	by:	3					3		[-	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990,	Part X, li	ne 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulated reciation		(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other	7	000.				1,16	7.	5	7,833.
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	0c.)	<u></u>			5	,833.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 BOUNCE CHIL	DREN'S FOU	NDATION	47-	4495431	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11c. See Form 990	. Part X. line 13.		
(a) Description of investment	(b) Book value		valuation: Cost or end	of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11d See Form 990	Part X line 15		
	Description	,, 1 14. 000 1 01111 000	, r arex, iiio ro.	(b) Book va	lue
(1)				. ,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15 )				
Part X Other Liabilities.	<del>. 10.)</del>				
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11e or 11f See For	m 000 Part Y line 25		
(a) Describelles of Balatte.	on ronn 990, rait i	(b) Book value	111 990, 1 art X, iiile 25.		
(a) Description of liability  (1) Federal income taxes		(a) Doon raids	_		
(2)					
(3)					
(4)					
(5)					
(6)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

(8)

4c

169,378.

scne	dule D (Form 990) 2015 BOONCE CITEDREN S FOONE	ATION		4/4	493431 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	493,527.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	159,873.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	159,873.
3	Subtract line 2e from line 1			3	333,654.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12				333,654.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		h Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	322,251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	152,873.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	152,873.
3	Subtract line 2e from line 1			3	169,378.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIII.)	4b			

#### Part XIII Supplemental Information.

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

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE AS OF JUNE 30, 2016, THE FOUNDATION HAD NO SUSTAINED UPON EXAMINATION. UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL TAX RETURN OF THE FOUNDATION FOR THE TAX YEAR 2014 IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT WAS FILED.

Schedule D (Form 990) 2015 BOUNCE CHILDREN S FOUNDATION	47-4495431 Page 5
Schedule D (Form 990) 2015   BOUNCE CHILDREN'S FOUNDATION     Part XIII   Supplemental Information (continued)	

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOUNCE CHILDREN'S FOUNDATION

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 47-4495431

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESTORING THEIR BOUNCE, PROMOTING HEALING AND HELPING THEM THRIVE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BOUNCE ACADEMY OFFERS EDUCATION SESSIONS FOR PARENTS/CAREGIVERS TO ENHANCE THEIR ABILITIES TO COPE FINANCIALLY, INTELLECTUALLY, EMOTIONALLY AND PSYCHOLOGICALLY. BOUNCE BACK KITS - FUN-FILLED GIFT PACKS SENT TO FAMILIES IN TIMES OF SERIOUS MEDICAL INTERVENTION OR TO RECOGNIZE IMPORTANT MILESTONES, HOLIDAYS OR BIRTHDAYS IN THE FAMILY. EXPENSES \$ 9,936. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS, CHIEF EXECUTIVE OFFICER AND CONTRACT ACCOUNTANT REVIEW THE 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS ARE HANDLED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OBTAINS RESEARCH AND INFORMATION TO MAKE A

RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION OF THE CHIEF

EXECUTIVE OFFICER BASED ON A REVIEW OF COMPARABILITY DATA. THE EXECUTIVE

COMMITTEE WILL SECURE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS

FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization  BOUNCE CHILDREN'S FOUNDATION	Employer identification number 47-4495431			
ORGANIZATIONS. THE BOARD WILL DOCUMENT HOW IT REACHED ITS	DECISIONS,			
INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE	MEETING DURING			
WHICH THE COMPENSATION WAS APPROVED.				
FORM 990, PART VI, SECTION C, LINE 19:				
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.				

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STATE COPY

Form AG990-IL

	ice Use Only	•	ORGANIZATION ANNUA				/ised 3/0
PMT	#		LISA MADIGAN State of I Bureau, 100 West Rando		~~		
			, Chicago, Illinois 60601	Jipii	СО	# Check all items attach	
AMT			the Fiscal Period:		Х	Copy of IRS Return	ea:
AIVI		neport for	the Fiscal Period.	Maka Ohaaka	X	Audited Financial States	mante
		Reginning	07/01/2015	Make Checks Pavable to		Copy of Form IFC	Hellis
INIT			0770172013	the Illinois	H	\$15.00 Annual Report F	Eilina Eoo
IIVII		& Ending	06/30/2016	Charity Bureau Fund	H	\$100.00 Late Report Fil	
Endor	al ID # 47-4495431	a znamy	MO DAY YR	Duleau Fullu		MO DAY	YR
	ontributions to the organization	tax deductible? X Yes		rganization was o	reste		
Aicu	LEGAL	tax deductible: 21 165	Date 0	Year-end	Joan	1. 00/13/2	1013
		ILDREN'S FOUNDATION	ON	amounts			
	MAIL		<b>521</b>	A) ASSETS		A) \$ 259,	355
Ar	DRESS 255 BIRCHV	WOOD AVENUE		B) LIABILITIES	S		079
	STATE DEERFIELD			C) NET ASSET			276
	P CODE 60015	,		,			
I.		REVENUE ITEMS DURING	THE YEAR:	PERCENTAC	GE	AMOUNT	
		RIBUTIONS & PROGRAM SERVICE RE		100.00	0%	D) \$ 333,	654
	E) GOVERNMENT GRANTS 8	& MEMBERSHIP DUES	,		%	E) \$	
	F) OTHER REVENUES				%	F) \$	
	G) TOTAL REVENUE, INCOM	E AND CONTRIBUTIONS RECEIVED (A	DD D, E, & F)	100	0 %	G) \$ 333,	,654
II.	<b>SUMMARY OF ALL I</b>	EXPENDITURES DURING	THE YEAR:				
	H) OPERATING CHARITABLE	PROGRAM EXPENSE		43.13	3%	н) \$ 73,	,057
	I) EDUCATION PROGRAM S	ERVICE EXPENSE			%	l) \$	
					_		
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I	)	43.13	<u>3%</u>	J) \$ 73,	,057
	J1) JOINT COSTS ALLOCATE	D TO PROGRAM SERVICES (INCLUDE)	O IN J): \$				
	<b>5.</b> ,	(	Ψ				
	K) GRANTS TO OTHER CHAP	RITABLE ORGANIZATIONS			%	K) \$	
	I) TOTAL QUADITABLE DDQ	AODAM OFDINOS EVDENDITUDE (ADD	10.10	43.13	<b>3</b> ~	72	057
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD	J & K)	43.13	3%	L) \$ 73,	,057
	M) MANAGEMENT AND GENE	EDAL EVDENCE		27.28	80/	M)\$ 46,	, 220
	WI) WANAGEWENT AND GENE	LNAL LAFLINGE		27.20	O /0	IVI ) \$\pi = 0 ;	220
	N) FUNDRAISING EXPENSE			29.57	9%	N) \$ 50,	,101
	n) Tondiniona Exi Ende				- /0	ΙΝ, Ψ	
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD L, M, & N)		100	0 %	0) \$ 169,	, 378
	SIIMMADV OF ALL D	PAID FUNDRAISER AND C	ONSIII TANT ACTIVITIES				
••••		rt of Individual Fundraising Campaign-		<b>'-</b>			
	PROFESSIONAL FUNDRAISER		ŕ			•	_
	P) TOTAL AMOUNT RAISED	BY PAID PROFESSIONAL FUNDRAISE	RS	100	0 %	P) \$	0 .
						O) #	
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES			%	Q) \$	
	R) NET RECEIVED BY THE CI	HARITY (P MINUS Q=R)			%	R) \$	
	PROFESSIONAL FUNDRAISIN	,			,,,	, .	
		PROFESSIONAL FUNDRAISING CONS	ULTANTS			S) \$	0 .
IV.	<b>COMPENSATION TO</b>	THE (3) HIGHEST PAID F	PERSONS DURING THE Y	EAR:			
	T) NAME, TITLE:JOAN	STELTMANN				T) \$ 62,	497
	U) NAME, TITLE:					U) \$	
	V) NAME, TITLE:					V) \$	
V.	CHARITABLE PROG	RAM DESCRIPTION: CHARL	TABLE PROGRAM (3 HIGHEST BY \$ EXPEND	DED)		List on back side of instr	uctions
						CODE	
598091 04-01-15		ORT CHRONICALLY I	LL CHILDREN AND F	AMILIES		W)# 300	
8091	X) DESCRIPTION:					X) #	
598	Y) DESCRIPTION:					Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
۷.	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE		1	37
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		X
6	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
0.	DID THE ORGANIZATION ODE THE DETIVIDED OF ATTIOLESSIONAL FONDITIONET (ATTAOHTOHIN IT O)	0.		
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
	IF WERN ENTER (I) THE LOOPEDITE MICHIEF OF THESE LONG COOTS &			
/b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
	, and (a) marking and a second of the second			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
•	LIAO TUE ODO ANIZATION EVED REEN REENOED REGIOTRATION OR LIAD ITO REGIOTRATION OR TAVEVENDTION GUORENDED OR			
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	1	X
	THEVOILED BY ANY GOVERNINGENTAL AGENOT:	Э.		
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
	LIGHT THE NAME AND ADDRESS OF THE FINANCIAL MODIFICATIONS WHIERE THE ODGANIZATION MAINTAINS ITS			
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	THILE LANGEOF ACCOUNTS.			
	BANK OF AMERICA 100 NORTH TRYON STREET CHARLOTTE, NC 28202			
	DAY DAI 2211 MODMU ETDEM CMDEEM CAN TOCK CALTRODATA 05121			
	PAY PAL 2211 NORTH FIRST STREET SAN JOSE, CALIFORNIA 95131			
	TOTAL STORY OF A CO.C. O.C.O.			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: JOAN STELTMANN - 844-626-8623			
ALI	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

### BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

#### JOAN STELTMANN

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

#### MARCY STEINDLER

598101 04-01-15

PREPARER (PRINT NAME)

SIGNATURE

DATE

### \*\* PUBLIC DISCLOSURE COPY \*\*

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Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection JUL 1, 2015 and ending JUN 30, 2016 A For the 2015 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change BOUNCE CHILDREN'S FOUNDATION Name change 47-4495431 X Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 255 BIRCHWOOD AVENUE 844-626-8623 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 333,654**.** Amended return 60015 DEERFIELD, IL H(a) Is this a group return Applica-F Name and address of principal officer: COREY MARTENS for subordinates? ..... pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.BOUNCECHILDRENSFOUNDATION.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association L Year of formation: 2015 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: TO BUILD COMMUNITY FOR Activities & Governance CHRONICALLY ILL CHILDREN AND THEIR FAMILIES, CREATING CONNECTION, Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 1 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 100 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 326,969 Contributions and grants (Part VIII, line 1h) Revenue Ō. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 6,685. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 333,654. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 134,183.Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 35,195. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 169,378. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 164,276. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 259,355. 20 Total assets (Part X, line 16) 88,079. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part II | 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. Signature of officer Date Sign JOAN STELTMANN, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature MARCY STEINDLER P00573131 Paid Firm's name MANN. WEITZ & ASSOCIATES L.L.C. 36-3963131 Preparer Firm's EIN Firm's address  $\downarrow$  111 DEER LAKE ROAD, SUITE 125 Use Only Phone no. (847) 267-3400 DEERFIELD, IL 60015

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

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No Form 990 (2015)

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO BUILD COMMUNITY FOR CHRONICALLY ILL CHILDREN AND THEIR FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$47,187. including grants of \$) (Revenue \$)  BOUNCE BASH - HOSTS EVENTS FOR NUCLEAR FAMILIES WHO COME TOGETHER TO
	FORM AN EXTENDED BOUNCE FAMILY. EXAMPLES INCLUDE: A HALLOWEEN PARTY, BASEBALL GAMES, MOVIE PREMIERS, A TRIP TO THE CIRCUS, BOWLING AND
	ROLLER SKATING. THESE EVENTS PROVIDE MUCH NEEDED DIVERSION FROM SCARY
	DOCTOR'S VISITS, PAINFUL THERAPIES, AND THE NASTY SIDE EFFECTS OF
	MEDICINE AND TREATMENT. THEY ALSO PROVIDE FACE-TO-FACE OPPORTUNITIES
	FOR SICK KIDS TO FEEL ACCEPTED AND NORMAL, AND THEY RESTORE THE JOY OF
	CHILDHOOD WHICH HAS BEEN TAKEN AWAY BY CHRONIC ILLNESS. IN ADDITION,
	BROTHERS AND SISTERS ARE AFFORDED THE OPPORTUNITY TO NOT FEEL
	UNCOMFORTABLE WHEN OUT WITH THEIR SICK SIBLING IN PUBLIC. PARENTS ARE
	ABLE TO SHARE EXPERIENCES AND WISDOM WITH ONE ANOTHER AND TO EXCHANGE
	RESOURCES AND SUPPORT.
4b	(Code: ) (Expenses \$ 8,467. including grants of \$ ) (Revenue \$
	BOUNCE IT FORWARD - INVITES INDIVIDUALS AND ORGANIZATIONS TO "PAY IT
	FORWARD" BY DONATING UNNEEDED TICKETS TO SPORTING, THEATRE AND OTHER
	EVENTS. THESE TICKETS ARE THEN SHARED WITH BOUNCE KIDS AND FAMILIES
	PROVIDING UNEXPECTED MOMENTS OF FUN WHICH RESTORE SPIRIT AND OPTIMISM
	FOR FAMILIES EXPERIENCING THE NEGATIVE EMOTIONAL IMPACT OF FREQUENT
	MEDICAL INTERVENTION.
4c	(Code:) (Expenses \$
	BOUNCE NET - IS A SAFE SPACE ONLINE FOR PARENTS/CAREGIVERS TO FORM A
	VIRTUAL COMMUNITY OF SHARED SUPPORT. THEY CAN ACCESS KEY RESOURCES AND
	EDUCATION AS WELL AS COMPARE NOTES AND BUILD RESILIENCE SKILLS FOR BOTH
	THEMSELVES AND THEIR FAMILIES.
<u></u>	Other and a service of (Department of Other date O.)
4d	` 0 026
4.	. 72 657
40	Total program service expenses ► /3, U5 / • Form 990 (2015

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		x
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		22
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		<del>                                     </del>
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40-	Х	
		12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
	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	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,"			
	complete Schedule G, Part III	19		Х
			000	(0015)

## Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		<del></del>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		1
27				
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule E, Part W	200		<del>  ^</del>
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
20		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		x
20	If "Yes," complete Schedule N, Part I	31		25
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>^</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25:		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	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				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	l in			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				37
	(gambling) winnings to prize winners?	I	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return			v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a	•	^	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		
D	If "Yes," enter the name of the foreign country:	accurate (FDAD)			
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		Ea		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5c		22
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		Ua		
b	were not tax deductible?	_	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			
	sponsoring organization have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ا بدا			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
10-	amounts due or received from them.)	11b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?   <b>12b</b>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZU			
13			13a		
а	Is the organization licensed to issue qualified health plans in more than one state?		isa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
D	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
~				990	(2015)

532005 12-16-15 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
	The organization's CEO, Executive Director, or top management official	15a	Х	37
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed > IL		1-	
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	ıvallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.    Y   Our work site       Other (our lein in School de O)			
40	X Own website Another's website X Upon request Other (explain in Schedule O)	l <b>£</b> ! = :	_:_!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ıınan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			
	255 BIRCHWOOD AVE, DEERFIELD, IL 60015			

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

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

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

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

Check this box if neither the organization									<b></b>	
(A)	(B)		<b>(C)</b> Position					(D)	(E)	(F)
Name and Title	Average	(do	(do not check more than one box, unless person is both an officer and a director/trustee)			than	one	Reportable	Reportable compensation	Estimated
	hours per	box				is bot or/trus	h an tee)	compensation		amount of
	week (list any	_					Ĺ	from the	from related organizations	other
	hours for	direct				Ļ		organization	(W-2/1099-MISC)	compensation from the
	related	e or o	stee			sate		(W-2/1099-MISC)	(** 2/ 1033 141100)	organization
	organizations	truste	al trus		yee	mper		(** = / ********************************		and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form			
(1) COREY MARTENS	2.00									_
CHAIRMAN		Х		Х				0.	0.	0.
(2) SHERRI HLAVACEK	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(3) BRENT BREITHAUPT	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(4) PETE DELNEKY	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(5) CAROL FRANCZEK	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(6) NICOLE HENNING	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(7) ROBERT LUCAS	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(8) JAMI GUTHRIE	1.00	١							_	
DIRECTOR	40.00	Х						0.	0.	0.
(9) JOAN STELTMANN	40.00	٠,		37					_	_
CHIEF EXECUTIVE OFFICER		Х		Х				0.	0.	0.
		4								
		1								
		1								
		1								
		1								
			$\vdash$	$\vdash$		$\vdash$				
		1								
		1								
	1			$\vdash$						
		4	1	1	I	1	ı	1		

Page 8

Par	T VII Section A. Officers, Directors, Trus	ploy	/ees	, an	d Hi	ighe	es (continued)							
——	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppoor opposition	not c	Pos heck	ition more erson lirecto		one th an stee)	( <b>D</b> )  Reportable  compensation  from  the	es (continued) (E) Reportable compensation from related organization (W-2/1099-MIS	on d is	Estir amo ot compe fror organ and r	mated punt of ther ensation in the nization related izations	
С	Sub-total  Total from continuation sheets to Part VI Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization	II, Section A							0 • 0 • 0 • eceived more than \$100	0,000 of reportab	0 • 0 • 0 •		0 0	١.
3 4 5 Sec 1	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors  Complete this table for your five highest co	uch individual um of reportab 0,000? If "Yes, accrue comper uplete Schedul ompensated incompensated incompensated	ole co ," co. nsat le J f	omp mple ion f for se	ensa ete S from uch	atior Sche any pers	n and edule y uni son	d ot e J r relat	her compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of con		3 4 5	X X X	<u> </u>
	the organization. Report compensation for (A) Name and business			ONI		vith	or w	rithiu	n the organization's tax (B) Description of s		C	<b>(C)</b> Compens	ation	_
2	Total number of independent contractors (i \$100,000 of compensation from the organi		not lii	mite	d to	tho	se li:	sted	d above) who received n	nore than			20 (22 )	

532008 12-16-15

			Check if Schedule O conta	ains a res	ponse	or note to any line	e in this Part VIII	<u></u>	·····	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Fe	ederated campaigns		1a					
io g	ŀ	b M	lembership dues		1b					
Ar (S)	(	c Fu	undraising events		1c	1,570.				
ᇐ	(	d R	elated organizations		1d					
Ji,S			overnment grants (contributi	· · -	1e					
달입	f	f Al	I other contributions, gifts, grant	ts, and						
ੂ≛ੂ∣		siı	milar amounts not included abov	/e [	1f	325,399.				
اعَجَ	ç	<b>g</b> No	oncash contributions included in lines	1a-1f: \$						
<u>ā č</u>	ŀ	h To	otal. Add lines 1a-1f				326,969.			
_	•	_				Business Code				
<u>ğ</u>	2 8	_								
Ser		b _								
E E		_ _								
Program Service Revenue		d _								
P.		e F ΔI	Il other program service reve	nue						
			otal. Add lines 2a-2f							
	3		vestment income (including							
		ot	ther similar amounts)			▶ [				
	4		come from investment of tax							
	5	R	oyalties			<b>&gt;</b>				
				(i) R	eal	(ii) Personal				
	6 a	a G	ross rents							
			ess: rental expenses							
			ental income or (loss)							
			et rental income or (loss)			<b></b>				
	7 8	a G	ross amount from sales of	(i) Secu	ırities	(ii) Other				
			ssets other than inventory			-				
	ŀ		ess: cost or other basis							
			nd sales expenses			-				
			ain or (loss)							
σ l			et gain or (loss)ross income from fundraising			·····				
Other Revenu		in	cluding \$1 , 5	70. of						
ě		CC	ontributions reported on line							
<u>بر</u> ا		Pa	art IV, line 18		a	6,685.				
<u>¥</u>	ŀ		ess: direct expenses			^				
١	(	c N	et income or (loss) from fund	Iraising e	/ents	<b></b>	6,685.			6,685.
	9 a	a G	ross income from gaming ac	tivities. S	ee					
			art IV, line 19							
			ess: direct expenses			$\overline{}$				
			et income or (loss) from gam	-	ties	····· •				
	10 a		ross sales of inventory, less							
			nd allowances							
			ess: cost of goods sold							
-	•	c N	et income or (loss) from sale:		tory					
}	11 a		Miscellaneous Revenu	e		Business Code				
		_				<del>                                     </del>				
		b —				<del>                                     </del>				
		С <u> </u>	Il other revenue							
			otal. Add lines 11a-11d							
	12		otal revenue. See instructions.				333,654.	0.	0.	6,685.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 129,327. 51,731. 38,798. 38,798. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 4,856. 1,942. 1,457. 1,457. Payroll taxes 10 Fees for services (non-employees): 11 a Management ..... Legal 7,856. 3,142. 2,357. 2,357. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 8,385. 5,248. 991. 2,146. Office expenses 13 14 Information technology Royalties 15 126. 113. 16 Occupancy 5,498. 3,698. 247. 1,553. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,372. 2,372. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 1,167. 467. 350. 350**.** Depreciation, depletion, and amortization ..... 22 2,906. 872. 872. 1,162. 23 Other expenses. Itemize expenses not covered 24 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.) **MISCELLANEOUS** 6,885. 3,182. 1,148. 2,555. С All other expenses 169,378. 73,057. 46,220 50,101. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

# Form 990 (2015) Part X Balance Sheet

Fai	πX	Balance Sneet				
		Check if Schedule O contains a response or note to a	ny line in this Part X		······	
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		0.	1	127,667.
	2	Savings and temporary cash investments		0	2	105 055
	3	Pledges and grants receivable, net		0.	3	125,855.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former of				
		trustees, key employees, and highest compensated en	mployees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pe	·			
		section 4958(f)(1)), persons described in section 4958				
		employers and sponsoring organizations of section 50	·		_	
ets		employees' beneficiary organizations (see instr). Comp	<b>F</b>		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	7 000			
		basis. Complete Part VI of Schedule D 10a	7,000.	0		E 022
		Less: accumulated depreciation 10b	· · · · · · · · · · · · · · · · · · ·	0.	10c	5,833.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	0	15	250 255	
	16	Total assets. Add lines 1 through 15 (must equal line		0.	16	259,355. 88,079.
	17	Accounts payable and accrued expenses		0.	17	00,079.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
Liabilities	22	Loans and other payables to current and former office				
pii.		key employees, highest compensated employees, and	·			
Lia		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables parties, and other liabilities not included on lines 17-24				
			′ '		25	
	26	Schedule D  Total liabilities. Add lines 17 through 25		0.	26	88,079.
	20	Organizations that follow SFAS 117 (ASC 958), che		<u> </u>	20	00,075.
'n		complete lines 27 through 29, and lines 33 and 34.	ck liele Lizz allu			
Š	27	Unrestricted net assets		0.	27	45,421.
alar	28	Temporarily restricted net assets		0.	28	125,855.
Ä	29				29	
Fund Balances	-3	Organizations that do not follow SFAS 117 (ASC 95	(8) check here		20	
F		and complete lines 30 through 34.	oj, oncor nere			
Net Assets or	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipme			31	
t A	32	Retained earnings, endowment, accumulated income,			32	
<u>0</u>	33	Total net assets or fund balances	<b>F</b>	0.	33	171,276.
Z			1			

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				54.			
2	Total expenses (must equal Part IX, column (A), line 25)	2				78. 76.			
3									
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6			7,0	00.			
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10		17	1,2	76.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
					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	О.	_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		_						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si								
	Act and OMB Circular A-133?	-	Г	За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		BOUN	CE CHILDRE	N'S FOUNDATI	ON			47-4495431				
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete th	is part.) Se	ee instructions.					
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 11, o	heck only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2		A school described in secti										
3		A hospital or a cooperative					ii).					
4		A medical research organiz						Enter the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit d	escribed in				
		section 170(b)(1)(A)(iv). (C	omplete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X											
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership f	ees, and gross receipts from				
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its su	pport from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organiz	ation after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
10		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).					
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry o	ut the purposes of one or				
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a</b>	)(3). Check the box in				
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g					
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typica	ally by giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of	the supporting				
		organization. You must c	omplete Part IV, Se	ections A and B.								
b			anization supervised	or controlled in connec	tion with it	ts supporte	ed organization(s),	by having				
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage th	e supported				
	_	organization(s). You mus	t complete Part IV,	Sections A and C.								
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally int	egrated with,				
		its supported organization		•								
d			= ::					•				
		that is not functionally int	-	•	•		•	attentiveness				
		requirement (see instruct	•	-								
е		☐ Check this box if the orga					Type I, Type II, Ty	pe III				
_		functionally integrated, or										
		er the number of supported of										
<u>g</u>		vide the following information	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of mone	etary (vi) Amount of				
	,	organization	(11) (11)	(described on lines 1-9	listed i	in your	support (see	other support (see				
		ŭ		above (see instructions))	governing of <b>Yes</b>	No	instructions)	instructions)				
					res	NO						
								<del>                                     </del>				
Tota												
. J.a												

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

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

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")					329,719.	329,719.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	<b>Total.</b> Add lines 1 through 3					329,719.	329,719.					
	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)						10,624.					
6	Public support. Subtract line 5 from line 4.						10,624.					
	ction B. Total Support				•		<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
	Amounts from line 4	` ,	` '	, ,		329,719.	(f) Total 329,719.					
	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources											
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						329,719.					
12	Gross receipts from related activities	, etc. (see instructi	ons)		•	12	3,935.					
13	First five years. If the Form 990 is fo	r the organization's				n 501(c)(3)						
	organization, check this box and stor	o here					<b>X</b>					
Sec	ction C. Computation of Pub	ic Support Pe	rcentage									
14	Public support percentage for 2015 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	%					
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%					
16a	33 1/3% support test - 2015. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and					
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			▶□					
b	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box					
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶□					
17a	10% -facts-and-circumstances tes	t - <b>2015.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and <b>stop I</b>	nere. Explain in Pa	rt VI how the organ	ization					
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□					
b	10% -facts-and-circumstances tes	t - <b>2014.</b> If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or					
	more, and if the organization meets t											
	organization meets the "facts-and-cir	cumstances" test.	The organization	qualifies as a publ	icly supported orga	anization	▶□					
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a							

Schedule A (Form 990 or 990-EZ) 2015

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

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

Se	ction A. Public Support	, i	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</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	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u> </u>
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						·
70	Private tolingation if the organization	D DIO DOT CDACK 3	$nnv \cap n = n \cap 1/1 = 10$	n ar iun chackt	THE DAY SHA CAA IN	CITIOTIONS	

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9c		
	30		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2015

Pa	rt IV   Supporting Organizations (continued)			
	(sommasa)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	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	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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		
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 yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
•	activities but for the organization's involvement.  Parent of Supported Organizations, Answer (a) and (b) helow	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the organization have the power to requirely appoint or elect a majority of the officers, directors, or			
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? Provide details in <i>Part VI</i> .	30		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.			
Sect	on 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				
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in <b>Part VI</b> ):					
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				
Sect	on 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-functional	ly-integrate	d Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2015

Par	¹t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	,	(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
С				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
Ť	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
_	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
_	EA0000 HOIII 2010			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	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 3h 3c 4h 4c 5a 6 9a 9h 9c 11a 11h and 11c Part IV Section B lines 1 and 2 Part IV Section C
	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 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.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BOUNCE CHILDREN'S FOUNDATION

**Employer identification number** 47-4495431

Pa	t I Organizations Maintaining Donor Advised		s or Acco	unts.Complete if the			
	organization answered "Yes" on Form 990, Part IV, line	6.		·			
		(a) Donor advised funds	<b>(b)</b> Fur	nds 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 wr	riting that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's ex	_		Yes No			
6	Did the organization inform all grantees, donors, and donor adv						
	for charitable purposes and not for the benefit of the donor or						
			•	Yes No			
Pa							
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).					
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a hist	orically impo	rtant land area			
	Protection of natural habitat	Preservation of a cert					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserv	ation easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b			۱ ۵۰				
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c				
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic struct	ure				
	listed in the National Register						
3	Number of conservation easements modified, transferred, release			n during the tax			
	year ▶						
4	Number of states where property subject to conservation ease	ement is located >					
5	Does the organization have a written policy regarding the perio	odic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it h	nolds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation eas	sements during the year			
	<b>&gt;</b>						
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	nts during the year			
	<b>▶</b> \$						
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	)(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement,	and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organiza	tion's accounting for			
_	conservation easements.						
Pa	t III Organizations Maintaining Collections of		ther Simi	lar Assets.			
	Complete if the organization answered "Yes" on Form 9						
1a	If the organization elected, as permitted under SFAS 116 (ASC						
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that describe						
b	If the organization elected, as permitted under SFAS 116 (ASC						
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pu	ıblic service,	provide the following amounts			
	relating to these items:			•			
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$			
_				\$			
2	If the organization received or held works of art, historical treas	, and the second	aı gaın, provid	ie			
	the following amounts required to be reported under SFAS 116	-	_	Φ.			
a	Revenue included on Form 990, Part VIII, line 1			\$			
b	Assets included in Form 990, Part X			\$			

	t III Organizations Maintaining C	collections of A				or Oth	er Simi		e <b>ts</b> /conti		age Z
3	Using the organization's acquisition, accessi										ıs
_	(check all that apply):										
а											
b	Scholarly research	e		Other							
c	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explai	in how th	nev further t	he organizat	ion's exe	empt purr	oose in Pa	rt XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV   Escrow and Custodial Arran										
	reported an amount on Form 990, Par							,	, ,		
	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	ssets no	t included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
-	ree, explain the arrangement in rail and								Amoun	<del></del>	
c	Beginning balance						1c		7 11110411		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fe								Yes	$\top$	No
	If "Yes," explain the arrangement in Part XIII.						•				]
	t V Endowment Funds. Complete in										
		(a) Current year		rior year	(c) Two year			vears hack	(e) Four	vears	hack
<b>1</b> a	Beginning of year balance		(5):	nor your	(6) 1110 300	iro buoit	(4) 111100	youro buoi	(0) 1 0 4.1	youro	Buon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities								+		
-	·										
	and programs										
	Administrative expenses								+		
_	End of year balance	cont voor and balance	 	a solumn (	a)) hold oo:						
2	Provide the estimated percentage of the curr	rent year end baland		g, column (	a)) neid as.						
	Board designated or quasi-endowment ►  Permanent endowment ►	%	_%								
	Temporarily restricted endowment	<del></del>									
C	· —	%									
2-	The percentages on lines 2a, 2b, and 2c sho	•		ملماموا مربما			<b>.</b>	:*:			
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are neid a	and administ	erea for	the organ	lization	1	V	Na
	by:								2-(:)	Yes	No
	(i) unrelated organizations								3a(i)	$\dashv$	
	(ii) related organizations	#! I'-4I							3a(ii)	$\longrightarrow$	
D	If "Yes" on line 3a(ii), are the related organiza				·				<b>3</b> b		
Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.							
Pai						0 0 1 1	, II. 40				
	Complete if the organization answered	1									
	Description of property	(a) Cost or o		` ,	t or other		Accumulat		( <b>d</b> ) Boo	k value	е
		basis (investr	nent)	basis	(other)	de	preciation	n			
	Land										
	Buildings										
	Leasehold improvements										
	Equipment		000				1 1	67			2 2
	Other		000.				1,1	.67.		5,8	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)			▶ 📗		5,8	<b>33.</b>

5,833. Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 BOUNCE CHILI	DREN'S FOU	NDATION	47-4495431 Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part I	V, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part I	V. line 11c. See Form 990.	Part X. line 13.
(a) Description of investment	(b) Book value		aluation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part I	V, line 11d. See Form 990,	Part X, line 15.
	Description	,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>
Part X Other Liabilities.			<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part I	V, line 11e or 11f. See Forn	n 990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

(8)

Sche	edule D (Form 990) 2015	BOUNCE	CHILDREN'S	FOUNDATIO	N		47-	4495431	Page
Paı	rt XI Reconciliation of	of Revenue	oer Audited Fina	ncial Statemen	ts Witl	h Revenue per l			
	Complete if the organ	nization answere	ed "Yes" on Form 990	), Part IV, line 12a.					
1	Total revenue, gains, and ot	her support per	audited financial stat	ements			1	493	,527
2	Amounts included on line 1	but not on Form	n 990, Part VIII, line 12	2:					
а	Net unrealized gains (losses	) on investment	s		2a				
b	Donated services and use o	of facilities			2b	159,873	•		
	Recoveries of prior year grain				2c				
d	Other (Describe in Part XIII.)				2d				
е	Add lines 2a through 2d						2e		<u>,873</u>
3	Subtract line 2e from line 1						3	333	,654
4	Amounts included on Form								
а	Investment expenses not in	cluded on Form	990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII.)				4b				
С	Add lines 4a and 4b						4c		0
5									,654
Pa	rt XII Reconciliation of	-	-		nts Wi	th Expenses pe	r Retu	ırn.	
	Complete if the organ	nization answere	ed "Yes" on Form 990	), Part IV, line 12a.					
1	Total expenses and losses p	oer audited finar	ncial statements				1	322	<u>, 251</u>
2	Amounts included on line 1	but not on Form	n 990, Part IX, line 25:						
а	Donated services and use o	of facilities			2a	152,873	- □		
b	Prior year adjustments				2b				
С	Other losses				2c				
d	Other (Describe in Part XIII.)				2d				
е							2e		<u>,873</u>
3	Subtract line 2e from line 1						3	169	,378
4	Amounts included on Form								

### Part XIII Supplemental Information.

**b** Other (Describe in Part XIII.) c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. AS OF JUNE 30, 2016, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL TAX RETURN OF THE FOUNDATION FOR THE TAX YEAR 2014 IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT WAS FILED.

4c

169,378.

Schedule D (Form 990) 2015 BOUNCE CHILDREN'S FOUNDATION	47-4495431 Page 5
Schedule D (Form 990) 2015 BOUNCE CHILDREN'S FOUNDATION  Part XIII Supplemental Information (continued)	<u> </u>
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-	

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOUNCE CHILDREN'S FOUNDATION

**Employer identification number** 47-4495431

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RESTORING THEIR BOUNCE, PROMOTING HEALING AND HELPING THEM THRIVE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: BOUNCE ACADEMY OFFERS EDUCATION SESSIONS FOR PARENTS/CAREGIVERS TO ENHANCE THEIR ABILITIES TO COPE FINANCIALLY, INTELLECTUALLY, EMOTIONALLY AND PSYCHOLOGICALLY. BOUNCE BACK KITS - FUN-FILLED GIFT PACKS SENT TO FAMILIES IN TIMES OF SERIOUS MEDICAL INTERVENTION OR TO RECOGNIZE IMPORTANT MILESTONES, HOLIDAYS OR BIRTHDAYS IN THE FAMILY. EXPENSES \$ 9,936. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS, CHIEF EXECUTIVE OFFICER AND CONTRACT ACCOUNTANT REVIEW THE 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS ARE HANDLED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OBTAINS RESEARCH AND INFORMATION TO MAKE A

RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION OF THE CHIEF

EXECUTIVE OFFICER BASED ON A REVIEW OF COMPARABILITY DATA. THE EXECUTIVE

COMMITTEE WILL SECURE DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS

FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization  BOUNCE CHILDREN'S FOUNDATION	Employer identification number 47-4495431
ORGANIZATIONS. THE BOARD WILL DOCUMENT HOW IT REACHED ITS	DECISIONS,
INCLUDING THE DATA ON WHICH IT RELIED, IN MINUTES OF THE	MEETING DURING
WHICH THE COMPENSATION WAS APPROVED.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.	