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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)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change TUESDAY'S CHILDREN Name change 52-2347446 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 516-562-9000 10 ROCKEFELLER PLAZA 1007 termin-ated 2,285,905. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NEW YORK, NY 10020 H(a) Is this a group return Applica-F Name and address of principal officer: TERRY GRACE SEARS Yes X No 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.TUESDAYSCHILDREN.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2001 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 25 Number of voting members of the governing body (Part VI, line 1a) 25 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 400 Total number of volunteers (estimate if necessary) 6 0. 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** 2,090,956. 1,452,342. Contributions and grants (Part VIII, line 1h) Revenue 0. 48,967. Program service revenue (Part VIII, line 2g) 178. 201. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 72,262. -97.659**.** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,524,782. 2.042.465. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 820,126. 1,011,712. 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) 872,210. 766,189. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,586,315. 1,883,922. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158,543. -61,533. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 359,703. 506,274. Total assets (Part X, line 16) 93,245. 81,273. 21 Total liabilities (Part X, line 26) Net/ 266,458. 425,001. 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 TERRY GRACE SEARS, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Paid AARON SHAPIRO P01333816 Firm's name LOEB & TROPER LLP 13-1517563 Preparer Firm's EIN Firm's address 55 THIRD AVENUE, 12TH FLOOR Use Only

X Yes No

Phone no. 212-867-4000

NEW YORK, NY 10017

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

Form	n 990 (2015) TUESDAY'S CHILDREN	52-2347446 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
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
	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 servic	es? 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	
	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. (Code:) (Expenses \$437,789 •including grants of \$) (R	2 067
4a	(Code:) (Expenses \$ 4 3 7 , 7 8 9 • including grants of \$) (R	evenue \$ 3 , 8 6 / •)
	SEE SCHEDULE O	
	SEE SCHEDOLE O	
		11 000
4b	(Code:) (Expenses \$333,353 • including grants of \$) (R	evenue \$ 44,200 •)
	GEE COMEDINE O	
	SEE SCHEDULE O	
4c	(Code:) (Expenses \$ 169,308 • including grants of \$) (R	evenue \$)
	SEE SCHEDULE O	
4d		
	(Expenses \$ 480,163 • including grants of \$ 0 •) (Revenue \$	900.)
4e	Total program service expenses ▶ 1,420,613.	
		Form 990 (2015)

SEE SCHEDULE O FOR CONTINUATION(S) 2

Form 990 (2015) TUESDAY'S CH Part IV Checklist of Required Schedules

1 Is the organization described in section 501c(s)G or 4947(s)1 (other than a private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributors? 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 I 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 I 5 Is the organization section 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 9.0 Fart I I 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds to accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds to accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds to accounts for which donors have the right to provide advice on the distribution or investment in such funds to preserve open space. the environment, instructures II Yes, complete Schedule D, Part II	1			37	
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Form 990 (2015) TUESDAY'S CHILDREN 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		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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	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
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
- •	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	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?	<u> </u>		†
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		, 55	000	

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	20			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
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	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rity over, a		.	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A	ccoun	its (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization 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 contribute	tions o	r gifts		.	
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired	_	.	v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of malification of the second state of the second stat			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
0		•		8		
9	Sponsoring organizations maintaining donor advised funds.			Ť		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the appropriate appropriation makes a distribution to a depart depart advisory as unlated appropri			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	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.

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year		Check if Schedule O contains a response or note to any line in this Part VI					X
the Enter the number of voting members of the governing body, of the end of the tax year if there are material differencial vinder girths among members of the governing body, or the governing body of the governing body? ■ Did the organization have members, stockholders, or other person? ■ Did the organization body of the governing body? ■ Did the organization body of the governing body? ■ Did the organization body of the governing body? ■ Did the organization body of the governing body? ■ Did the organization body of the governing body? ■ The governing body?	Sec	tion A. Governing Body and Management					
there are material differences in voting rights among members of the governing body, of the governing body delegated broad authority to are executive committee or similar committies, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employees 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees 3 Did the organization and exercises, or key employees to a management company or other person? 4 Did the organization have members or stockholders or the process of the proc			1 1	۰		Yes	No
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
b Enter the number of voting members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing					
2 Did the organization between the meetings held or written actions undertaken during the year by the following: 3 Did the organization delegate control over minangement 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 Did the organization not provided as the provided of the provide		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
officer, director, tustee, or key employee? Joint 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? Joint the organization make any significant changes to its governing documents since the prior Form 990 was filled? Joint the organization have members or stockholders? Joint the organization have members or stockholders? Joint the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Joint end of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Joint end of the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Joint end of the organization on contemporaneously document the meetings held or written actions undertaken during the year by the following. Joint end of the organization on contemporaneously document the meetings held or written actions undertaken during the year by the following. Joint end of the organization on contemporaneously document the meetings held or written actions undertaken during the year by the following. Joint end of the organization on contemporaneously document the meetings held or written actions undertaken during the year by the following. Joint end of the organization on contemporaneously document the meetings held or written actions undertaken during the year by the following was the following by a face of the process of the following benote the process in Schedule Organization and activations and activation of the during the year by the following by a face of the year of the following persons include a complete copy of this Form 990 to all members of its governing body before filing the form? Job If Yes, did the organization have a written comflict o	b	Enter the number of voting members included in line 1a, above, who are independent	1b	25			
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of officers, directors, or trustees, or key employees to a management company or other person? 4		officer, director, trustee, or key employee?		L	2		X
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4		of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5	4			г	4		Х
6 bill the organization have members or stockholders? 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? 7b Avanay governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8b Z Bit there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mailing address? If "Yes," provide the names and addresses in Schedule O 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing both Internal Revenue Code) Vest Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Vest Vest 10a Did the organization have local chapters, branches, or affiliates? 10b 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 purposes? 10b III a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 10b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of other 12a Z 10b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c X 13b Uthe organization have a written office in threets policy? If "Yes," or time 12a Z 15c View officers or key employees of the organization of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the	5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
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20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► LISA OOSTEROM - 516-562-9000			,	"			
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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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVID WEILD	1.00								0	
CHAIRMAN	1 00	Х		Х				0.	0.	0.
(2) FREDERICK STROBEL	1.00	١		l					•	•
VICE-CHAIR	1 00	Х		Х				0.	0.	0.
(3) THOMAS SEAMAN	1.00	١							_	_
SECRETARY	1 00	Х		Х				0.	0.	0.
(4) BRIAN FEUER	1.00	١		l					•	•
TREASURER	1 00	Х		Х				0.	0.	0.
(5) SCOTT BUCHANAN	1.00	١							•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) KRISTEN CONNELL	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) KATHERINE DANIELS	1.00	١							•	
BOARD MEMBER (THROUGH 10/27/15)	1 00	Х						0.	0.	0.
(8) IRENE DICKEY	1.00	١							•	•
BOARD MEMBER (THROUGH 10/27/15)	1 00	Х						0.	0.	0.
(9) RYAN FOLEY	1.00	,,							0	0
BOARD MEMBER (THROUGH 03/24/15)	1 00	Х						0.	0.	0.
(10) KATHLEEN FOX GABLE	1.00								•	•
BOARD MEMBER (THROUGH 10/27/15)	1 00	Х						0.	0.	0.
(11) DAVID GALASSO	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) KELLY GREEN GRADY	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) PAUL ISKYAN	1.00	٠,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) THOMAS JESSOP	1.00	٠,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) ROSE LAVALLE	1.00	Ψ,							^	^
BOARD MEMBER (THROUGH 02/03/15)	1 00	Х		_				0.	0.	0.
(16) HERBERT MCCOOEY, JR.	1.00	Ψ,							^	^
BOARD MEMBER	1 00	Х		_				0.	0.	0.
(17) SCOTT PATTERSON	1.00	Ψ,							^	^
BOARD MEMBER 532007 12-16-15		Х						0.	0.	0 . Form 990 (2015)

532007 12-16-15

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			(0				(D)	(E)		(F)	
Name and title	Average	(-1-		Pos				Reportable	Reportable		Estimate	ed
	hours per	box	not c	ss pe	rson i	is bot	h an	compensation	compensation		amount o	of
	week	⊢	cer an	d a d	irecto	or/trus	tee)	from	from related		other	
	(list any	rector						the	organizations	CC	ompensa	
	hours for related	or di	96			ated		organization	(W-2/1099-MISC)		from the	
	organizations	ustee	trust		e e	ubeus		(W-2/1099-MISC)			organizati and relate	
	below	inal tr	tional		yoldı	st cor					rganizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				. 9	
(18) RHIANNA QUINN RODDY	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(19) LUCY SEXTON	1.00											
BOARD MEMBER		Х						0.	0	<u>. L</u>		0.
(20) SCOTT WALDMAN	1.00											
BOARD MEMBER (THROUGH 02/03/15)		Х						0.	0	<u>. L</u>		0.
(21) JAMES BERNARD	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(22) JOHN CAHALANE	1.00											
BOARD MEMBER		Х						0.	0	•		0.
(23) CHRISTIAN KALWEIT	1.00											
BOARD MEMBER (THROUGH 10/27/15)		Х						0.	0	<u>. L</u>		0.
(24) LARRY MENTZER	1.00							_	_			
BOARD MEMBER		Х						0.	0	•		0.
(25) KEVIN PARKS	1.00	l										_
BOARD MEMBER		Х						0.	0	<u>. </u>		0.
(26) LISA DELLA PIETRA	1.00							_				•
BOARD MEMBER (THROUGH 10/27/15)		Х						0.	0			0.
1b Sub-total								0.	0			0.
c Total from continuation sheets to Part VI								224,223.	0		5,82	<u> </u>
d Total (add lines 1b and 1c)							<u> </u>	224,223.	0	<u>·</u>	5,82	<u> </u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable			4
compensation from the organization												<u>_</u>
											Yes	No
3 Did the organization list any former officer,				-	-	-						v
line 1a? If "Yes," complete Schedule J for s										3		<u> </u>
4 For any individual listed on line 1a, is the su										_		X
and related organizations greater than \$150										4		
5 Did any person listed on line 1a receive or a					•			•		_		X
rendered to the organization? If "Yes," com	piete Scriedui	e <i>J 1</i>	or su	icn	pers	son .				5		
Complete this table for your five highest co	mnensated in	dona	ande	nt c	ontr	racto	ore t	that received more than	\$100,000 of compen	eatio	n from	
the organization. Report compensation for	•	•							•	outio	11 11 0111	
(A)	,			.5				(B)	,		(C)	
Name and business	address	N	INC	3				Description of s	ervices	Com	pensatior	n
							1					
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	nore than			
\$100,000 of compensation from the organi		ידח	TT T 7	· m -) \T (7777	r r m c		_	m 990 (2	
OPP RAKI ATT OPCILIO	v a con'	ı: I l'	นเม	4 T	いしが	v :	ᄀᄆ	ririlo		For	m 440 /	2015)

(27) STEPHEN ROSS BOARD MEMBER	(B) Average hours per week (list any hours for related organizations below line)	stee or director	neck	Posi (all t	C) ition	арр		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
Name and title (27) STEPHEN ROSS BOARD MEMBER	Average hours per week (list any hours for related organizations below line)		neck	Posi	ition	арр	ly)	Reportable compensation	Reportable compensation	Estimated amount of
Name and title (27) STEPHEN ROSS BOARD MEMBER	Average hours per week (list any hours for related organizations below line)		neck	Posi	ition	арр	ly)	Reportable compensation	Reportable compensation	Estimated amount of
(27) STEPHEN ROSS BOARD MEMBER	hours per week (list any hours for related organizations below line)		neck			арр	ly)	compensation	compensation	amount of
(27) STEPHEN ROSS BOARD MEMBER	per week (list any hours for related organizations below line)						·,,		·	
(27) STEPHEN ROSS BOARD MEMBER	week (list any hours for related organizations below line)	al trustee or director	tee					from	from related	other
(27) STEPHEN ROSS BOARD MEMBER	hours for related organizations below line)	al trustee or director	tee			ee/		the	organizations	compensation
(27) STEPHEN ROSS BOARD MEMBER	related organizations below line)	al trustee or dire	tee			nploy		organization	(W-2/1099-MISC)	from the
(27) STEPHEN ROSS BOARD MEMBER	organizations below line)	al trustee o	te l	1		ed er		(W-2/1099-MISC)		organization
(27) STEPHEN ROSS BOARD MEMBER	below line)	al trus	Si I			en sat				and related
BOARD MEMBER	line)		Institutional trustee		Key employee	Highest compensated employee				organizations
BOARD MEMBER	,	vidu	itutio	cer	emp	hest (Former			
BOARD MEMBER		Indi	Inst	Officer	Key	Higl	Forr			
	1.00									
		Х						0.	0.	0.
(28) RYAN BONIFACINO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) CHRISTIE COOMBS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(30) JASON DEMPSEY	1.00									
BOARD MEMBER		х						0.	0.	0.
(31) JAY FAGAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(32) JOHN FITZSIMMONS	1.00							_	-	_
BOARD MEMBER		х						0.	0.	0.
(33) NANCY NEWSOME	1.00									
BOARD MEMBER	1,00	x						0.	0.	0.
(34) TERRY GRACE SEARS	40.00								•	0.
EXECUTIVE DIRECTOR	40.00			х				125,056.	0.	5,828.
(35) DENESE GIORDANO	40.00							123,030.	0.	3,020
	40.00			х				99,167.	0.	0.
CHIEF FINANCIAL AND OPERATIONS OFFIC				Δ				33,107.	0.	0.
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!		1					1			
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Pa	rt V	/							
			Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
t s	1	а	Federated campaigns	1a	40,099.				
iran			Membership dues		•				
Å,G			Fundraising events		497,467.				
ar /			Related organizations						
s, o			Government grants (contribut		605,230.				
rigi			All other contributions, gifts, gran	· -					
탏			similar amounts not included abo		948,160.				
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines						
<u>ටු ළ</u>		h	Total. Add lines 1a-1f		>	2,090,956.			
					Business Code				
S	2	а	PROGRAM FEES		900099	48,967.	48,967.		
ē Š		b							
n Si		С							
Jran Rev		d							
Program Service Revenue		е							
ш			All other program service reve			40.067			
		g	Total. Add lines 2a-2f			48,967.			
	3		Investment income (including			201.			201.
			other similar amounts)		. [201.			201.
	4		Income from investment of ta		· •				
	5		Royalties		(ii) Personal				
	6	_	Gross rents	(i) Real	(II) Personal				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		<u> </u>				
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory		,				
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)						
Θ	8	а	Gross income from fundraisin	g events (not					
enr			including \$ 497,4						
Other Revenue			contributions reported on line	· ·					
ē			Part IV, line 18		137,347.				
₽			Less: direct expenses		243,440.	106 002			106 002
			Net income or (loss) from fund	-	>	-106,093.			-106,093.
	9	а	Gross income from gaming at						
			Part IV, line 19						
			Less: direct expenses Net income or (loss) from gam						
			Gross sales of inventory, less	-	·····				
	10	а	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11	а	MISCELLANEOUS		900099	8,434.			8,434.
		b		_					<u>-</u>
		С							
		d	All other revenue						
			Total. Add lines 11a-11d			8,434.			
	12		Total revenue. See instructions.		▶ [2,042,465.	48,967.	0.	-97,458.

Form 990 (2015) TUESDAY'S CHILDREN Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organization	ns must complete all columns. All o	other organizations must complete column (A).
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	Check if Schedule O contains a respons	7=3			(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_					
3	Grants and other assistance to foreign				
J					
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4					
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	230,051.	120 017	50 060	20 265
_	trustees, and key employees	230,031.	139,817.	50,969.	39,265
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	604 207	560 554	00 100	100 250
7	Other salaries and wages	684,327.	563,574.	20,403.	100,350
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,125.	18,638.	994.	2,493
10	Payroll taxes	75,209.	57,987.	5,810.	11,412
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	16,605.		16,605.	
d		,		·	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	153,888.	129,555.	5,647.	18,686
40	Advertising and promotion	164,387.	151,268.	5,881.	7,238
12		263,508.	128,355.	9,348.	125,805
13	Office expenses	35,834.	27,431.	3,745.	4,658
14	Information technology	33,034.	27, 431.	3,743.	4,030
15	Royalties	121,789.	97,798.	10,692.	13,299
16	Occupancy			-	
17	Travel	84,311.	81,806.	515.	1,990
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	004			004
19	Conferences, conventions, and meetings	204.			204
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,296.	978.	142.	176
23	Insurance	26,142.	19,729.	2,858.	3,555
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STAFF DEVELOPMENT	4,246.	3,677.	501.	68
b					
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,883,922.	1,420,613.	134,110.	329,199
26	Joint costs. Complete this line only if the organization	., , ,	_, , ,		,
_0	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 (201

Form 990 (2015) Part X Balance Sheet

Part	A	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		112,265.	1	144,142
	2	Savings and temporary cash investments		139,598.	2	225,873
	3	Pledges and grants receivable, net		87,563.	3	89,942
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compensated e				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pe				
		section 4958(f)(1)), persons described in section 4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 50				
တ္		employees' beneficiary organizations (see instr). Comp	·		6	
Assets	7	Notes and loans receivable, net			7	
&	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		12,277.	9	34,650
		Land, buildings, and equipment: cost or other	<u> </u>			•
		basis. Complete Part VI of Schedule D 10a	138,180.			
	b	Less: accumulated depreciation 10b	404 - 40	0.	10c	11,667
1	11	Investments - publicly traded securities	,		11	·
	12	Investments - other securities. See Part IV, line 11		12		
1	13	Investments - program-related. See Part IV, line 11			13	
1	14	Intangible assets			14	
1	15	Other assets. See Part IV, line 11		8,000.	15	0
1	16	Total assets. Add lines 1 through 15 (must equal line		359,703.	16	506,274
1	17	Accounts payable and accrued expenses		92,637.	17	79,173
1	18	Grants payable		18		
1	19	Deferred revenue		608.	19	2,100
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability. Complete Part IV		21		
ဖ္မ 2	22	Loans and other payables to current and former office	ers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and	d disqualified persons.			
iap		Complete Part II of Schedule L			22	
- 2	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
2	24	Unsecured notes and loans payable to unrelated third	parties		24	
2	25	Other liabilities (including federal income tax, payables	s to related third			
		parties, and other liabilities not included on lines 17-24	1). Complete Part X of			
		Schedule D			25	
2	26	Total liabilities. Add lines 17 through 25		93,245.	26	81,273
		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ X and			
Fund Balances		complete lines 27 through 29, and lines 33 and 34.		0.6.6.4.5.0		405 001
ğ 2	27	Unrestricted net assets		266,458.	27	425,001
E 2	28	Temporarily restricted net assets			28	
2	29				29	
		Organizations that do not follow SFAS 117 (ASC 95	58), check here ▶∟□			
Ď		and complete lines 30 through 34.				
36 T	30	Capital stock or trust principal, or current funds			30	
Aš,	31	Paid-in or capital surplus, or land, building, or equipme			31	
Net Assets or	32	Retained earnings, endowment, accumulated income,		0.66 450	32	405 001
_ 3	33	Total net assets or fund balances		266,458.	33	425,001
3	34	Total liabilities and net assets/fund balances		359,703.	34	506,274

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Both consolidated and separate basis

1

2 3

4

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6

8

10

Part XI Reconciliation of Net Assets

Consolidated basis

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

consolidated basis, or both: X Separate basis

rm (990 (2015) TUESDAY'S CHILDREN	52-2	347446	Paç	ge 12	
arl	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
	Total revenue (must equal Part VIII, column (A), line 12)	1	2,04			
	Total expenses (must equal Part IX, column (A), line 25)	2	1,88			
	Revenue less expenses. Subtract line 2 from line 1			8,5		
ļ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26	6,4	58.	
5	Net unrealized gains (losses) on investments	5				
;	Donated services and use of facilities	6				
•	Investment expenses	7				
	Prior period adjustments	8				
)	Other changes in net assets or fund balances (explain in Schedule O)	9	0.			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	42	5,0	01.	
arı	t XIII Financial Statements and Reporting				77	
	Check if Schedule O contains a response or note to any line in this Part XII				X	
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.				
a	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 reviewe	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	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa					
	consolidated basis, or both:					

Form 990 (2015)

Х

Х

2c

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

Employer identification number

52-2347446

Name of the organization

TUESDAY'S CHILDREN

Pa	rt I	Reason for Public (Charity Status (All organizations must c	omplete th	is part.) Se	ee instructions.							
The	ne organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)													
1		A church, convention of ch	urches, or association	on of churches describe	ed in sectio	n 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)												
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X													
		section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An organization that norma	lly receives: (1) more	e than 33 1/3% of its su	pport from	contributi	ons, membership fees, a	and gross receipts from						
		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
		income and unrelated busin	ness taxable income	(less section 511 tax) fi	rom busine	sses acqu	ired by the organization	after June 30, 1975.						
		See section 509(a)(2). (Cor	mplete Part III.)											
10		An organization organized a	and operated exclus	sively to test for public s	afety. See	section 50)9(a)(4).							
11		An organization organized a	and operated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to carry out the	purposes of one or						
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section 509(a)(3). (Check the box in						
		lines 11a through 11d that	describes the type of	of supporting organization	on and con	nplete lines	s 11e, 11f, and 11g.							
а			anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving 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, S	ections A and B.										
b			anization supervised	d or controlled in connec	ction with it	ts support	ed organization(s), by ha	iving						
		control or management o	f the supporting org	anization vested in the	same perso	ons that co	ontrol or manage the sup	ported						
		organization(s). You mus	t complete Part IV,	Sections A and C.										
С			grated. A supportin	g organization operated	l in connec	tion with,	and functionally integrate	ed with,						
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.							
d			, integrated. A supp	oorting organization ope	rated in co	nnection v	vith its supported organi	zation(s)						
		that is not functionally int	egrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness						
		requirement (see instruct	ions). You must co r	nplete Part IV, Section	s A and D	and Part	V.							
е		☐ Check this box if the organical contents in the contents of the con	anization received a	written determination from	om the IRS	that it is a	a Type I, Type II, Type III							
		functionally integrated, or	r Type III non-function	nally integrated suppor	ting organi	zation.								
f	Ente	er the number of supported o	organizations											
<u>g</u>		vide the following information		 	(iv) lo the e	raenization		(- 1) A						
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	in your	(v) Amount of monetary support (see	(vi) Amount of other support (see						
		organization		above (see instructions))		document?	instructions)	instructions)						
					Yes	No	,	,						
					1									
T - •														
Tota	11						I	I						

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

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) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2,305,033.	1,295,305.	1,240,545.	1,452,342.	2,090,956.	8,384,181.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1,452,342.	2,090,956.	8,384,181.					
5	The portion of total contributions	2,305,033.		1,240,545.			· · ·		
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						8,384,181.		
	ction B. Total Support						, , ,		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 4	2,305,033.	1,295,305.	1,240,545.	1,452,342.	2,090,956.	8,384,181.		
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,			
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	41.	386.	463.	178.	201.	1,269.		
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.)	101,227.	73.033.	36,912.	72,262.	8.434.	291,868.		
11			, , , , ,		. = / = -	,	8,677,318.		
12	Gross receipts from related activities,	etc (see instruction	nns)			12	7		
13	First five years. If the Form 990 is for			I fourth or fifth ta					
	organization, check this box and stor				•				
Sec	ction C. Computation of Publ								
14	Public support percentage for 2015 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	96.62 %		
15	Public support percentage from 2014					15	93.32 %		
16a	33 1/3% support test - 2015. If the					nore, check this bo	x and		
		•		•		•	\triangleright X		
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	_							
	meets the "facts-and-circumstances"				-	-			
h	10% -facts-and-circumstances tes								
~	more, and if the organization meets the	_							
	organization meets the "facts-and-circ		•		•				
18	Private foundation. If the organization								
	The Tournation in the Organization	ala not oncor a	55% OH III O 10, 10a	, .55, 174, 01 175		dule A (Form 990			

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	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	<u> </u>	` ′	<u> </u>	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
7	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						
	Total. Add lines 1 through 5			1	-	+	
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6 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						
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.)			<u> </u>			
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	!			
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2015. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
k	33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organization						

532023 09-23-15

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		
5c		
6		
7		
8		
9a		
9b		
an an		
9с		
10a		
10h		
 10b		

Pai	rt IV Supporting Organizations (continued)			
	, i i i i i i i i i i i i i i i i i i i		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)			
		1a		
b		1b		
		1c		
	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			
	,, , , ,	3		
<u>Sec</u>	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 instruc	tions) r		
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			
	· · · · · · · · · · · · · · · · · · ·	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			
-		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			
	· · · · · · · · · · · · · · · · · · ·	3a		
b				
	OLUS SUDDOTTED OFGANIZATIONS CITEMAS E DESCRIDE IN PAIT VI THE FOIE DIAVED BY THE OFGANIZATION IN THIS FEDARO	Rh I		

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 on Nov. 20, 1970. See instructions. All										
	other Type III non-functionally integrated supporting organizations must complete 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									
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)							
1	Aggregate fair market value of all non-exempt-use assets (see										
	instructions for short tax year or assets held for part of year):										
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 Part VI):										
2	Acquisition indebtedness applicable to non-exempt-use assets	2									
3	Subtract line 2 from line 1d	3									
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,										
	see instructions).	4									
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5									
6	Multiply line 5 by .035	6									
7	Recoveries of prior-year distributions	7									
8	Minimum Asset Amount (add line 7 to line 6)	8									
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-functionally	/-integr	ated Type III supporting org	ganization (see							
	instructions)		5	•							

Schedule A (Form 990 or 990-EZ) 2015

Par	[₹]	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

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, 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.)												
SCHEDU				II,	LINE	10,	EXPL	ANAT	ION	FOR	OTHER	INCOME:
OTHER				-								

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

TUESDAY'S CHILDREN

52-2347446

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
, ,	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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.							
year, total contribu	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.							
year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \							
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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)

Name of organization Employer identification number

TUESDAY'S CHILDREN 52-2347446

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 177,108. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

TUESDAY'S CHILDREN

52-2347446

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$	

Name of organization Employer identification number 52-2347446 TUESDAY'S CHILDREN Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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

TUESDAY'S CHILDREN

Employer identification number 52-2347446

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(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		ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impo	rtant land area
	Protection of natural habitat	Preservation of a certi	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	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	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ire	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes t	he organiza	tion's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections o	f Art Historical Transuras or Ot	hor Simi	lar Accoto
Fai	Complete if the organization answered "Yes" on Form	•		iai Assets.
			ant and hal	anae sheet works of out
ıa	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	·	ice or public	service, provide, in Part XIII,
h	the text of the footnote to its financial statements that describes a parallel the expeniencial statements are parallel to the comparison of the footnote to its financial statements that describes the comparison of the footnote to its financial statements that describes the comparison of the footnote to its financial statements that describes the comparison of the footnote to its financial statements that describes the comparison of the footnote to its financial statements that describes the comparison of the footnote to its financial statements that describes the comparison of the footnote to its financial statements that describes the comparison of the footnote to its financial statements that describes the comparison of the footnote to its financial statements.		and balana	a shoot works of art bistorical
D	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of put	nic service,	provide the following amounts
	relating to these items:			c
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	(ii) Assets included in Form 990, Part X			*
~	the following amounts required to be reported under SFAS 1	,	yanı, provid	ı c
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	, soots moradou mir offil ood, I dit A			Ψ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, d	or Othe	er Simila	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	t are a s	ignificant ι	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa			Ü				,	,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
		·	· ·						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.		•							
	t V Endowment Funds. Complete i									
		(a) Current year		rior year	(c) Two year		(d) Three y	ears back	(e) Four y	years back
1a	Beginning of year balance	,					, ,		, ,	
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a column (a)) held as:	L				
a	Board designated or quasi-endowment	Torre your orra balano	%	9, 00.0	ajj Hola ao.					
b	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation tha	at are held a	and administe	red for t	he organiz	ation		
	by:	estern er une er gamme							Г	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								 	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	Schedule R?)				3b	\neg
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere). Part I\	V. line 11a. S	See Form 990). Part X.	line 10.			
	Description of property	(a) Cost or o		ı	t or other		ccumulate	d	(d) Book	value
	Description of property	basis (investr			(other)		oreciation	~	(u) Doon	valuo
12	Land	,	7		, ,					
	Buildings									
	Leasehold improvements				8,500.		8,50	00.		0.
d	Equipment			5	8,736.		47,06		11	,667.
	Other				0,944.		70,94			0.
_	- Add lines 1a through 1e (Column (d) must e		X colur				- ,		11	. 667.

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 TUESDAY'S CE	HILDREN		52-	-2347446 Page
Part VII Investments - Other Securities.				. ugu
Complete if the organization answered "Yes" of	on Form 990. Part IV	. 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.				
	F 000 D+ IV		Deat V. Beer 40	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV (b) Book value		Part X, line 13. /aluation: Cost or end	of year market value
	(b) Book value	(c) Method of V	Aluation. Cost of end	Or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(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		, line 11d. See Form 990,	, Part X, line 15.	
(a) [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.)		•	
Part X Other Liabilities.	•			
Complete if the organization answered "Yes" of	on Form 990, Part IV		m 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)

Par	T XI Reconciliation of Revenue per Audited Financial Sta	atements with	Revenue per F	teturr	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				0 100 000
1	Total revenue, gains, and other support per audited financial statements			1	2,423,092.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments		200 600	_	
	Donated services and use of facilities		380,627.	-	
	Recoveries of prior year grants			_	
	Other (Describe in Part XIII.)				200 605
е	Add lines 2a through 2d			2e	380,627.
3	Subtract line 2e from line 1			3	2,042,465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			-	0
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	.)		5	2,042,465.
Par	rt XII Reconciliation of Expenses per Audited Financial St		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				2 264 540
1	Total expenses and losses per audited financial statements			1	2,264,549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	200 627		
а	Donated services and use of facilities		380,627.	-	
b	Prior year adjustments			-	
	Other losses			-	
	Other (Describe in Part XIII.)				200 627
	Add lines 2a through 2d			2e	380,627
3	Subtract line 2e from line 1			3	1,883,922.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			-	0
	Add lines 4a and 4b			4c	0. 1,883,922.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XIII Supplemental Information.	8.)		5	1,003,922
		4. Dort IV lines 1b	and Ohi Dark V. lina	4. David	V. line O. Dort VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			4; Part	X, line 2; Part XI,
iines .	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	iny additional infor	nation.		
PAR	RT X, LINE 2:				
	· /· ·				
TUE	ESDAY'S CHILDREN HAS DETERMINED THAT TH	HERE ARE N	O MATERIAL	UN	CERTAIN TAX
					<u> </u>
POS	SITIONS THAT REQUIRE RECOGNITION OR DIS	SCLOSURE I	N THE FINA	NCI	AL
STA	ATEMENTS. PERIODS ENDING DECEMBER 31, 2	2012 AND S	UBSEQUENT	REM	AIN SUBJECT
	·		•		
то	EXAMINATION BY APPLICABLE TAXING AUTHO	RITIES.			

09-21-1

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

TUESDAY'S CHILDREN

Employer identification number 52-2347446

Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration
				<u> </u>		

532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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

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

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				PIPING ROCK		(add col. (a) through
			GALA	GOLF OUTING	6	`
4			(event type)	(event type)	(total number)	col. (c))
Revenue				, ,,,,,		
e e	1	Gross receipts	262,637.	98,379.	273,798.	634,814.
ď	•	Circos recoipte	, , ,	,	.,	,
	,	Less: Contributions	217,637.	67,194.	212,636.	497,467.
	-	Loos. Contributions		31,2521		
	3	Gross income (line 1 minus line 2)	45,000.	31,185.	61,162.	137,347.
_	Ť	Greece income (into 1 minute into 2)		3=,=331		
	4	Cash prizes				
	'	Cuon prizos				
	5	Noncash prizes				
S	ľ	110104311 p11263				
SUS	6	Rent/facility costs	71,289.	21,892.	34,644.	127,825.
Direct Expenses	١	Tienth actinty costs	7272031	22,0320	01,011	227,0230
#	7	Food and beverages		17,693.	23,438.	41,131.
jrec	l '	Food and beverages		17,055	23,130.	11,151.
		Entortainment	1,800.		3,000.	4,800.
	8	Entertainment Other direct expenses	28,151.	6,197.	35,336.	69,684.
	10			-		243,440.
		Net income summary. Subtract line 10 from I				-106,093.
Pa	rt I	III Gaming. Complete if the organization				100,033.
		\$15,000 on Form 990-EZ, line 6a.	anowered 100 off off	1000,1 art 10, mile 10, or	reported more than	
		ψ10,000 011 0111 000 EE, iiilo 0α.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						(,
æ	١.,	Gross revenue				
_	 '	Gross revenue				
	١,	Cash prizes				
ses		Odsii prizes				
Expenses	3	Noncash prizes				
Ä	"	Noncash prizes				
Direct	 	Rent/facility costs				
Ë	-	Tientraciiity costs				
	_	Other direct expenses				
	۲	Other direct expenses	Yes %	Yes %	Yes %	
	۾	Volunteer labor	No No	No No	No No	
	١	Volunteer labor	I NO			
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	
	'	Direct expense summary. And imes 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
_		Thet garring moorne sammary. Subtract into 7	TOTT III O 1, GOIGHT (a)			
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities.			
		the organization licensed to conduct gaming a	· · · · -	states?		Yes No
		No," explain:				
		,				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax v	/ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·	-		
_		· 1				
	_					

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 10ESDA1 S CHILDREN 52-	234/440	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	└─ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:	•	
a The organization's facility	13a	%
		
b An outside facility	ISD	70
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name >		
Address >		
16. Caming manager information:		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
Description of services provided P		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ratain the state gaming licenses?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III.	lines 9 9h 1	Oh 15h
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		55, 155,

Schedule G (Form 990 or 990-EZ) TUESDAY 'S CHILDREN Part IV Supplemental Information (continued)	52-2347446 Page 4
Part IV Supplemental Information (continued)	
	Schedule G (Form 990 or 990-EZ)

3148___1

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

TUESDAY'S CHILDREN

Employer identification number 52-2347446

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORMED IN THE AFTERMATH OF TUESDAY, SEPTEMBER 11, 2001, TUESDAY'S CHILDREN IS A RESPONSE AND RECOVERY ORGANIZATION WHOSE PROVEN LONG-TERM HEALING MODEL SUPPORTS YOUTH, FAMILIES, AND COMMUNITIES IMPACTED BY TERRORISM OR A TRAUMATIC LOSS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TUESDAY'S CHILDREN WORKS ON THE FRONT LINES OF UNIMAGINABLE TRAGEDIES, PROVIDING PERSONALIZED SUPPORT AND A SAFE "LANDING PLACE" TO TRAUMATIZED, GRIEF-STRICKEN CHILDREN, FAMILIES, AND COMMUNITIES LEFT REELING FROM ACTS OF VIOLENCE. OUR WORK BEGINS WHEN THE EMERGENCY RESPONSE ENDS - WHEN THE TRUE, LIFE-ALTERING IMPACT OF THE VIOLENCE SETS IN. AND WE REMAIN LONG AFTER OTHER AID ORGANIZATIONS AND THE MEDIA HAVE GONE. THIS IS OUR PROMISE TO THOSE WE SERVE. OUR APPROACH IS FLEXIBLE, ALLOWING US TO PROVIDE EACH COMMUNITY WITH THE HELP IT NEEDS TO RECOVER. WE UNDERSTAND THAT PEOPLE, AND COMMUNITIES, GRIEVE IN UNIQUE WAYS. TUESDAY'S CHILDREN IS AVAILABLE TO THE COMMUNITY FOR THE LONG TERM -PROVIDING PROGRAMS, RESOURCES, AND A COMPASSIONATE "SAFETY NET" FOR FAMILY MEMBERS. WE UNDERSTAND THAT THE HEALING PROCESS TAKES TIME AND THAT FAMILIES NEED ADDITIONAL ASSISTANCE AT CERTAIN TIMES - ANNIVERSARIES, KEY LIFE EVENTS, OR WHEN LIFE IS OVERWHELMING. WE ARE THERE WHEN WE ARE NEEDED TO LISTEN, PROVIDE RESOURCES, AND HELP. TUESDAY'S CHILDREN'S PROGRAMS ENABLE OUR SERVICE POPULATION TO, OVER

532211 09-02-15

HEAL, RECOVER, AND, ULTIMATELY,

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

THRIVE, AS WE ARE DOING WITH 9/11

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

Name of the organization TUESDAY'S CHILDREN	Employer identification number 52-2347446
FAMILIES, 9/11 FIRST RESPONDERS, MILITARY FAMILIES OF THE	FALLEN AND
THE NEWTOWN, CONNECTICUT COMMUNITY.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
NEWTOWN RESILIENCY CENTER	
THE RESILIENCY CENTER OF NEWTOWN PROVIDES HEALING OPPORTU	NITIES FOR
ANYONE IMPACTED BY THE DECEMBER 14, 2012 TRAGEDY AT SANDY	ноок
ELEMENTARY, ENSURING THAT EVERY INDIVIDUAL REACHES THEIR	FULL
POTENTIAL. ITS GOAL IS TO BUILD A NURTURING COMMUNITY WIT	HIN WHICH
INDIVIDUALS AND FAMILIES CAN SUCCESSFULLY MANAGE THE EFFE	CTS OF TRAUMA.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:
PROJECT COMMON BOND	
FOR CHILDREN WHO HAVE BEEN DIRECTLY IMPACTED BY TERRORISM	, VIOLENT
EXTREMISM AND WAR, THE SUDDEN, TRAUMATIC, AND PUBLIC NATU	RE OF THEIR
LOSS BECOMES AN OVERWHELMING AND DEFINING CHARACTERISTIC	OF THEIR
LIVES. THESE CHILDREN, IN MANY CASES, REMAIN ISOLATED. RE	SEARCH HAS
SHOWN THAT TEACHING AND PRACTICING EFFECTIVE CONFLICT RES	OLUTION
BETWEEN PEOPLE, INDIVIDUALS AND CULTURES, BUILDING UNDERS	TANDING AND
TOLERANCE, AND PROMOTING SHARED HUMANITY ARE NECESSARY ST	RATEGIES TO
REDUCE THE ADVERSE EFFECTS OF VIOLENT EXTREMISM AND BUILD	PEACEFUL
RELATIONS.	
PROJECT COMMON BOND CONNECTS YOUTH AND YOUNG ADULTS WITH	OTHERS WHO CAN
IDENTIFY WITH THEIR LOSS AND PAIN AND EMPOWERS PARTICIPAN	TS TO
TRANSFORM THIS EXPERIENCE INTO POSITIVE ACTION TO HELP OT	
	dule O (Form 990 or 990-EZ) (2015)

Name of the organization **Employer identification number** TUESDAY'S CHILDREN 52-2347446 UNPRECEDENTED ARENA FOR CULTURAL EXCHANGE BETWEEN INDIVIDUALS WHOSE "COMMON BOND" EMBRACES RELIGIOUS, ECONOMIC, ETHNIC, RACIAL, POLITICAL AND OTHER SOCIETAL DIFFERENCES THAT OFTEN SPAWN EXTREMIST SENTIMENT AND ABSTRACT VIOLENCE WORLDWIDE. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ADULT AND FAMILY PROGRAMMING TUESDAY'S CHILDREN MADE A LONG-TERM COMMITMENT TO SUPPORT FAMILIES AT EACH STAGE OF LIFE AND RECOVERY, AND OUR ENGAGEMENT EVENTS HELP INDIVIDUALS AND FAMILIES EXPLORE HOW TO EMPOWER, STRENGTHEN, AND SHARE MEMORIES OF THE PAST AND HOPE FOR THE FUTURE. WE HOLD FAMILY ENGAGEMENT EVENTS IN VARIOUS LOCATIONS TO ENHANCE RESILIENCE BY BUILDING RELATIONSHIPS AMONG FAMILIES IMPACTED BY THE 9/11 TRAGEDY, RECOVERY EFFORTS AND POST-9/11 MILITARY OPERATIONS. THESE EVENTS CREATE POSITIVE NEW TRADITIONS, PROVIDE PROGRAM UPDATES AND NURTURE COMMON BONDS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HEALTH & WELLNESS PROGRAMS AND COUNSELING OUR PROGRAMS HELP FAMILIES DEVELOP PERSONAL AND INTERPERSONAL SKILLS FOR CHALLENGING LIFE SITUATIONS, ENCOURAGE CREATIVE PROBLEM SOLVING, AND ENHANCE COMMUNICATION SKILLS. PROGRAMS, DEVELOPED IN COLLABORATION WITH NATIONALLY RECOGNIZED LEADERS, ADDRESS RELATIONSHIPS BETWEEN PARENT AND CHILD, AND THE UNIQUE NEEDS OF SINGLE PARENTS CARING FOR YOUNG CHILDREN AND ADOLESCENTS, AS WELL AS PARENTS FUNCTIONING AS CAREGIVERS TO THEIR SPOUSES.

Name of the organization **Employer identification number** TUESDAY'S CHILDREN 52-2347446 TUESDAY'S CHILDREN OFFERS CRISIS COUNSELING, CONSULTATIONS, AND REFERRALS. OUR SERVICES FOR CHILDREN, ADOLESCENTS, AND ADULTS INCLUDE: PSYCHOLOGICAL ASSESSMENT; INDIVIDUAL, FAMILY AND COUPLES COUNSELING; SUPPORT GROUPS; AND REFERRALS TO COMMUNITY RESOURCES. PSYCHOLOGISTS AND THERAPISTS FROM VARIOUS ORGANIZATIONS, LIKE THE WORLD TRADE CENTER HEALTH PROGRAM, CONSULT WITH OUR PROGRAM MANAGERS ON MENTAL HEALTH CONSIDERATIONS IN THE DEVELOPMENT AND DELIVERY OF PROGRAMMING; PROVIDE TRAINING TO STAFF ABOUT THE SIGNS AND SYMPTOMS OF TRAUMA AND GRIEF AND APPROPRIATE RESPONSE TO THEM; PARTICIPATE IN THE DELIVERY OF WELLNESS PROGRAMS; AND PROVIDE APPROPRIATE REFERRAL, COUNSELING, AND FOLLOW-THROUGH. THE PROGRAM TEAM IS TRAINED AND CERTIFIED IN MENTAL HEALTH FIRST AID USA BY THE NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE. EXPENSES \$ 264,380. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CAREER GUIDANCE

THE CAREER RESOURCE CENTER ENHANCES LIFE SKILLS AND SOCIAL CONNECTIONS

THROUGH INTERACTIVE WORKSHOPS AND SEMINARS THAT ADDRESS LEADERSHIP

DEVELOPMENT, COLLEGE PREPARATION AND CAREER GUIDANCE. ATTENDANCE AT

TUESDAY'S CHILDREN'S CAREER GUIDANCE PROGRAMS HAS STEADILY INCREASED

OVER THE PAST THREE YEARS AS 9/11 YOUTH REACH THE AGE WHERE THEY NEED

TO PLAN THEIR ACADEMIC AND PROFESSIONAL CAREERS. STARTING AT AGE 8,

OUR TAKE OUR CHILDREN TO WORK DAY AND CAREER SHADOW DAY PROGRAMS ALLOW

CHILDREN, ADOLESCENTS AND TEENS TO WIDEN THEIR CAREER ASPIRATIONS. THEY

ARE GIVEN A FIRSTHAND LOOK INTO VARIOUS INDUSTRIES AND FUNCTIONS TO

CULTIVATE THEIR FUTURE CAREERS. IN PARTNERSHIP WITH A DIVERSE GROUP OF

ORGANIZATIONS, TUESDAY'S CHILDREN'S TAKE OUR CHILDREN TO WORK DAY

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

Name of the organization

Employer identification number

TUESDAY'S CHILDREN 52-2347446 PROGRAM OFFERS A UNIQUE OPPORTUNITY TO PARTICIPATE IN A VALUABLE WORKPLACE EXPERIENCE THAT ALLOWS A YOUNG PERSON TO ENVISION THEIR FUTURE THROUGH A PRACTICAL, HANDS-ON WORK DAY AT A VENUE OF THEIR CHOOSING. WORKING CLOSELY WITH OUR YOUTH MENTORING PROGRAM, PARTICIPATION IN CRC PROGRAMS HAS LED TO INTERVIEWS, INTERNSHIP AND JOB PLACEMENTS, COLLEGE ACCEPTANCE, AND CAREER COACH MATCHES. WITH PROGRAMMING FOR COLLEGE-AGE ADULTS AS WELL AS ADULTS LOOKING FOR A CAREER TRANSITION, TUESDAY'S CHILDREN PROVIDES WORKSHOPS ON TOPICS SUCH AS EFFECTIVE JOB SEARCH AND DEFINING CAREER GOALS, RESUME BUILDING, PERSONAL BRANDING, AND INTERVIEW PREP, ALONGSIDE NETWORKING OPPORTUNITIES WITH SOME OF THE TOP NYC PROFESSIONALS AND COMPANIES. EXPENSES \$ 102,662. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

YOUTH SUPPORT & GUIDANCE

TUESDAY'S CHILDREN OFFERS YOUTH SUPPORT AND GUIDANCE THROUGH A NUMBER

OF PROGRAMS AND INITIATIVES. WE OPERATE A COMMUNITY-BASED MENTORING

PROGRAM DESIGNED TO ENCOURAGE AND SUPPORT MUTUALLY BENEFICIAL,

LONG-STANDING RELATIONSHIPS BETWEEN ADULT ROLE MODELS AND CHILDREN AGES

7 TO 18. TUESDAY'S CHILDREN IDENTIFIES AND RECRUITS MENTORS THROUGH

CORPORATIONS, CIVIC ORGANIZATIONS, AND LOCAL MEDIA. ALL MENTOR

CANDIDATES UNDERGO THOROUGH BACKGROUND AND REFERENCE CHECKS, AND PRIOR

TO BEING ASSIGNED, RECEIVE SPECIAL TRAINING IN CHILDHOOD DEVELOPMENT

AND THE STAGES OF GRIEF. OUR YOUTH MENTORING PROGRAM WAS DESIGNED ALONG

WITH THE NATIONAL MENTORING PARTNERSHIP AND DR. JEAN RHODES, A WIDELY

PUBLISHED EXPERT ON YOUTH MENTORING, WHO IS ALSO A CONSULTANT ON THE

PROGRAM. MENTORS AND MENTEES DEVELOP MEANINGFUL RELATIONSHIPS WITH THE

SUPPORT OF TUESDAY'S CHILDREN. WE ALSO PARTNER WITH REPUTABLE

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

Name of the organization **Employer identification number** TUESDAY'S CHILDREN 52-2347446 LEADERSHIP ORGANIZATIONS, LIKE OUTWARD BOUND, GRANTING CHILDREN THE OPPORTUNITY TO PARTICIPATE IN TEAM-BUILDING ADVENTURES, ALLOWING THEM TO FORM NEW FRIENDSHIPS WHILE DEVELOPING LEADERSHIP SKILLS. EXPENSES \$ 50,625. INCLUDING GRANTS OF \$ 0. REVENUE \$ 900. COMMUNITY SERVICE TUESDAY'S CHILDREN'S HELPING HEALS PROGRAM WAS ESTABLISHED IN 2006 IN RESPONSE TO 9/11 YOUTH WHO HAD EXPERIENCED POST-TRAUMATIC GROWTH THROUGH OUR PROGRAMMING AND SOUGHT TO GIVE BACK TO OTHERS IN NEED. HELPING HEALS CONNECTS YOUTH AND FAMILIES IMPACTED BY 9/11 WITH COMMUNITY SERVICE PROJECTS AND DISASTER RELIEF PROGRAMS. ONE OF TUESDAY'S CHILDREN'S CORE COMPETENCIES IS THE PHILOSOPHY THAT "HELPING HEALS". BY HELPING OTHERS, THE FAMILIES OF TUESDAY'S CHILDREN MOVE FORWARD, BY GOING THROUGH THEIR GRIEF PROCESS, BUILDING THEIR RESILIENCE AND TRANSFORMING PAIN INTO POSITIVE ACTION. RESEARCH INDICATES THAT GIVING SOMETHING BACK TO THE COMMUNITY HELPS IMPROVE PSYCHOLOGICAL MENTAL HEALTH. TUESDAY'S CHILDREN HAS INSTITUTED INTERNATIONAL, DOMESTIC, AND LOCAL COMMUNITY SERVICE PROGRAMS FOR BOTH TEENS AND ADULTS. WHILE MAKING A MEASURABLE DIFFERENCE AND A SIGNIFICANT IMPACT IN LOCAL COMMUNITIES, PARTICIPANTS ALSO LEARN CRAFTSMANSHIP SKILLS FROM QUALIFIED PROFESSIONALS PROVIDING HANDS-ON GUIDANCE AND EDUCATION. EXPENSES \$ 62,496. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS REVIEWED BY EXECUTIVE MANAGEMENT PRIOR TO SUBMISSION. A COPY OF THE FULL 990 WAS SENT TO EACH BOARD MEMBER FOR QUESTIONS AND INPUT AND

532212 09-02-15

Name of the organization TUESDAY'S CHILDREN	Employer identification number 52-2347446
DISCUSSED AT A BOARD MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUAL CONFLICT OF INTEREST POLICIES ARE GIVEN OUT TO ALL	BOARD MEMBERS AND
OFFICERS. THEY ARE REQUESTED TO RETURN IT ONLY IF THEY HA	VE A CONFLICT TO
NOTE OR IF ANYTHING HAS CHANGED SINCE THE PRIOR YEAR. THE	ORGANIZATION WILL
FOLLOW UP WITH SOMEONE WHO HAS HAD A PRIOR CONFLICT AND D	OES NOT RETURN THE
FORM AS TO WHETHER THE CONFLICT STILL EXISTS OR NOT. ANY	CONFLICTS MUST BE
REPORTED TO THE BOARD AND THE INDIVIDUAL IS RECUSED FROM	THE VOTING PROCESS
RELATING TO THE CONFLICT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	

Asset No.	Description	Date Acquire	d Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
	LEASEHOLD IMPROVEMENT	VARI	ESSL	.000	16	8,500.			8,500.	8,500.		0.
		VARI	ESSL	.000	16	58,736.			58,736.	45,773.		1,296.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY &					67,236.		0.	67,236.	54,273.	0.	1,296.
	EQUIPMENT FURNITURE AND											
3		VARI	ESSL	.000	16	70,944.			70,944.	70,944.		0.
	MACHINERY & EQUIPM * GRAND TOTAL 990					70,944.		0.	70,944.	70,944.	0.	0.
	PAGE 10 DEPR					138,180.		0.	138,180.	125,217.	0.	1,296.
		Ш										