Department of the Treasury

2949319532319

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

2016

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

	F4L - 6646	calendar year, or tax year beginning 10/01/16 and ending 09/30/		10	i inspection :
<u> </u>			<u> </u>	n Employe	I Idontification number
B.	Check if applicable	C Name of organization	i	υ επι ριο yer	dentification number
\sqcup	Address change	ANSO CHILD DEVELOPMENT			
\Box	Name change	Dorng business as			790368
뭄	·	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
닏	Initial return	9101 S. WESTERN, SUITE 9		<u> </u>	239-7988
\Box	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code	l l	1	
$\overline{\Box}$	Amended return	CHICAGO IL 60643-6751		G Gross rece	expts \$ 421,706
님		F Name and address of principal officer	H(a) Is this a grou	un ratum for	ubordinates? Yes X No
Ш	Application pending		n(a) is una a grou	ah temili ioi er	
			H(b) Are all subc	ordinates inclu	ded? Yes No
_			If "No,"	attach a list (see instructions)
<u> </u>	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
,		N/A	H(c) Group exen	nption number	. ▶
<u>к</u>	Form of organization	X Corporation Trust Association Other ▶	Year of formation		M State of legal domicile
Ē		ummary	, car or torridae.		- Colo Ci logoi Collina
_		escribe the organization's mission or most significant activities	·		
	CET	SCHEDULE O			
ည	355	SCHEDOLE O			
nar	}				
& Governance					
Ô	2 Check to	nis box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25%	of its net assets	1 1	^
ಂಶ	3 Number	of voting members of the governing body (Part VI, line 1a)	·)	3	_9
Activities	4 Number	of independent voting members of the governing body (Part VI, line 1b)	(3)	4	9
₹	5 Total nu	mbar af individuals amplement in coloridar was 2016 (Dart V line 2a)	101	5	12
Ç	6 Total nu	mber of volunteers (estimate if necessary)	,	6	0
_	7a Total un	mber of intuividuals employed in calendar year 2016 (Part V, line 2a) mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12	12 /	7a	0
	b Net unre	elated business taxable income from Form 990-T, line 34	ノシン	7b	0
			Prior Yea		Current Year
a	8 Contribu	itions and grants (Part VIII, line 1h)	<u>·/</u> 42	4,064	421,706
Revenue	9 Program	service revenue (Part VIII, line 2g)			0
eve	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)			0
œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42	4,064	421,706
_		and similar amounts paid (Part IX, column (A), lines 1–3)			0
	1	paid to or for members (Part IX, column (A), line 4)			0
		, other compensation, employee benefits (Part IX, column (A), lines 5–10)	330	6,769	347,595
(ÖB)	16a Profess	onal fundraising fees (Part IX, column (A), line 11e)		-/	0 2 . 7 . 0
AEXDOUSE:	h Total fur		- <u> </u>	7.	
C T	47 Other ex		F*.~ *****	7,295	74,111
		repenses (Part IX, column (A), lines 11a–11d, 11f–24e)			421,706
°₽		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	42	4,064	421,700
٥	19 Revenue	e less expenses Subtract line 18 from line 12	Beginning of Cur	Tont Voor	End of Year
-8 6	20 Total as	coto (Bart V. Inc. 16)		7,521	488,086
	20 Total as	sets (Part X, line 16)		_	
DNAFASSAts LALL	ZI lotallia	bilities (Part X, line 26)	50	7,521	488,086
		ets or fund balances Subtract line 21 from line 20		0	<u> </u>
		ignature Block			
(L	nder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statements	, and to the best of	f my knowle	dge and belief, it is
	tue, correct, and c	complete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge		
		milled Freeze			7-7-18
Si	gn 🚩 🖊	Signature of officer		Date	
He	ere L	MILDRED FREENY			
		Type or print name and title	2		
	Pnnt/Ty	pe preparer's name Proparer's signature	Date	Check	f PTIN
Pai	id DANIE	LLE N. ABENDROTH	06/19	/18 self-en	₩
Pre	eparer Firm's n	DEDATING ADMINDDOMY C AMARIAMAN		rm's EIN	36-4261913
	e Only	9601 W. 165TH ST., SUITE 5		WILLS CHALL	
	-	ODIAND DADY II (0467 E661	_		815-469-7500
	Firm's a	· · · · · · · · · · · · · · · · ·	<u></u>	Phone no	
_		ss this return with the preparer shown above? (see instructions)			Yes No
DAA		uction Act Notice, see the separate instructions.			Exp 990 (2016)

Form 990 (2016)	ANSO CHILD DEVELO	PMENT	36-3790368	·	Page 2
	Statement of Program Serv				X
	Check if Schedule O contains ribe the organization's mission:	s a response or note to any h	ine in this Part III		
	EDULE O				
	•		•		
2 Did the series					
	anızatıon undertake any significant p 1990 or 990-EZ?	rogram services during the year whi	ch were not listed on the	Yes	X No
	scribe these new services on Sched	ule O			
3 Did the orga	anization cease conducting, or make	significant changes in how it condu	cts, any program		_
services?				Yes	X No
	scribe these changes on Schedule C			4 6	
	e organization's program service acc Section 501(c)(3) and 501(c)(4) orga				
	penses, and revenue, if any, for each		amount of grants and anocations	s to others,	
		r program dervide reported			
4a (Code) (Expenses \$ 4	21,706 including grants of)	(Revenue \$)
SPONSOR	UNDER THE CHILD .	AND ADULT CARE FO	OD PROGRAM, A		
	SSTHROUGH PROGRAM	ADMINISTERED BY	THE ILLINOIS		
BOARD O	F EDUCATION				
4b (Code) (Expenses \$	including grants of)	(Revenue \$)
4c (Code) (Expenses \$	including grants of	\$)	(Revenue \$	
•			,		
					
	am services (Describe in Schedule	•			
(Expenses	sm service expenses ▶	uding grants of \$ 421,706) (Revenue \$		
DAA	am service expenses	321,100		Form (990 (2016
eru ·				ruin 😜	, (2010

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Form 990 (2016) ANSO CHILD DEVELOPMENT

Part IV , Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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
- 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
- Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If
 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes." complete Schedule F. Parts I and IV
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?
 If "Yes," complete Schedule G, Part III

		Yes	No
- 1	1	X	
	2		X
	3		X
	4		x
	5		<u>x</u>
	6		x
	7		x
	8		X
	9		х
	10		x
	- :::::::::::::::::::::::::::::::::::::	FL.	
	<u>11a</u>		x
	11b		x
	11c		х
	11d	 	X
	11e		X
			x
	11f		<u> </u>
	12a	x	
	12b		x
	13		X
	14a		X
	14b		x
	ļ —		1
	15		X
	16		X
	17		x
	18		x
	19		x
	Fo	m 99	O (2016)

			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		ĺ	
	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		I	
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		}	}
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	\		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ļ	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	ĺ		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		
	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	l	ļ	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		}
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	l

Form 990 (2016) ANSO CHILD DEVELOPMENT 36-3790368 Page 5 Part V , Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and 1c reportable gaming (gambling) winnings to prize winners? 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 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7<u>e</u> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the į sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Form 990 (2016) ANSO CHILD DEVELOPMENT

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
					ليہ	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	L	9			
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						토론설
	committee, explain in Schedule O					B_5	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1. 3	9	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
	any other officer, director, trustee, or key employee?				2		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or other person?				3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		<u> </u>
6	Did the organization have members or stockholders?				6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint						
	one or more members of the governing body?				7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the '	follo	wing			
а	The governing body?				8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?				8b	<u> </u>	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inter-	<u>nal F</u>	Rev	<u>enue C</u>	ode.)		
						Yes	No
10a					10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		_		10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form	?		11a	X	
. b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	_			12a	<u> </u>	37
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to	confli	cts?	,	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done				12c		X
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction policy?				14	du - 4	X
15	Did the process for determining compensation of the following persons include a review and approval by					é Handa	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						v
a	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				-:		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?				460		X
_					16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
					I	. حاقسا	
Sec	organization's exempt status with respect to such arrangements? tion C. Disclosure				16b		ı
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c	1/21-	onli-	۸.			
10	available for public inspection. Indicate how you made these available. Check all that apply)(3)5	orlly	,			
	Own website Another's website William Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	بصابم	an	d			
	financial statements available to the public during the tax year	JUNCY	, am	u			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•					
	Cities and realities, deduction, and temperative mainteer of the person who possesses the organization's books and records						

m 990 (2016)	ANSO	CHILD	DEVELOPMENT	3€

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Part VII	Compens	sation of	Officers,	Directors,	Trustees,	Key Employe	es,	Highest •	Compensated	Employees,	and
	Independ	dent Con	tractors								

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

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

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

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

	hours for	er the organization nor any related organization (B) (C) Average Position hours per (do not check more week box, unless person (list any officer and a director				s both a	ın	Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(VV-2/1099-MISC)	organization and related organizations		
(1)MILDRED FREENY												
	40.00	1								_		
VICE CHAIR	0.00	X					_	49,300	0	0		
(2) ARVON PRENTISS		1										
	5.00									•		
CHAIRMAN	0.00	X	<u> </u>	├		╀	\dashv	0	0	0		
(3) RAYMOND RICE, SR								i				
	5.00									0		
MEMBER (4) IRMA MOODY	0.00	X		\vdash		\vdash	\dashv	0	0			
(4) IRMA MOODI	5.00											
MEMBER	0.00	x						o	0	0		
(5) DARRYL CUNNINGHA		┢	-	\vdash	┝	\vdash	-	0				
(5) DAIGHT CONNINGIA	5.00		ĺ									
MEMBER	0.00	x						0	0	0		
(6) VIRGINIA ALRIDGE		+	 	\vdash	\vdash	1 1						
(6, 1 = 110 = 11 = 1 = 1	5.00											
MEMBER	0.00	x			l			0	0	0		
(7) SHIRLEY VALENTIN			İ			\Box						
` '	5.00											
SECRETARY	0.00	x	l					0	0	0		
(8) WENDELL MCSHANE												
	5.00								1			
MEMBER	0.00	X						0	0	0		
(9) JOHN MURPH												
	5.00			1						_		
MEMBER	0.00	X			_	\sqcup		0	0	0		
10)												
11)			<u> </u>		<u> </u>	H						

<u> u</u>	(A) Name and title	(B) Average hours per week (list any	(di	o not o	Pos check ess pe	c) ition more rson i	than on s both a	ne en	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
									1		
		!	_								
							}				
1b c	Sub-total Total from continuation she	ets to Part VII. S	ectio	on A		<u> </u>		>	49,300		
d_	Total (add lines 1b and 1c) Total number of individuals (in					listo	d abo	▶	49,300		
_	reportable compensation from	•		Ö"		11310			Who received more than \$1		Yes No
3 4 5	Did the organization list any fo employee on line 1a? <i>If</i> "Yes," For any individual listed on line organization and related organization and related organization and person listed on line 1a 2016.	complete Schedu a 1a, is the sum o aizations greater t	<i>ile J</i> f rep han !	for s ortat \$150	uch ole co ,000	indiv ompi ? If '	ridual ensati 'Yes,'	ion : ' <i>coi</i>	and other compensation from mplete Schedule J for such	m the	3 X 4 X
	for services rendered to the or	ganization? If "Ye									5 X
1	Complete this table for your five	e highest compe	nsate	ed in	depe	nde	nt cor	ntrac	ctors that received more tha	n \$100,000 of	
	compensation from the organia	(A) d business address	nper	isau	OH 10	rtne	Cale	liua		(B) otion of services	(C) Compensation
			-		_						
					_						
2	Total number of independent of received more than \$100,000								listed above) who	0	50m 990 (2016

	<u>ait '</u>	Check	if Schedule	nue O cor	ntains a	response	or note to a	nv line	ın this l	Part VIII				
							(A) Total rever		R	(B) Related or exempt function revenue		(C) Unrelated business revenue		(D) Revenue cluded from tax inder sections 512-514
ats at	<u>2</u> 1a	Federated car	npaigns	1a							1	-		312-314
Gra	ı	b Membership d	lues	1b					İ			÷ -		
ts,	(Fundraising e		1c]							-
<u> </u>	(d Related organ	izations	1d										
SE S	•	Government grants	•	1e		421,70	5							
ig i		f All other contribution and similar amounts	ns, gifts, grants,											
E E				1f			4		1					
No.	1	noncash contribution Total. Add line	ons included in lines 1a-	1f [,]	\$.							
Program Service Revenue Contributions, Gifts, Grants	- '	i Total. Add line	es 1a-11	·	••	<u> ▶</u>	42	1,706	-		 	<u>.</u>		
enu	2a	1				Busn. Code	 		 -					
æ	l t						 		 		+		┼──	
įċ	0	:				<u> </u>	 		 		1		┼─	
Sen	d	i					<u> </u>		<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	 	
Ē	e	•									 	 -	 	
ğ	1	f All other progra	am service reven	ue									\vdash	
<u> </u>	-					<u> </u>							34 :	
	3		come (including d	ividend	ls, intere	st,								
		and other simil	•			•					↓		<u> </u>	
	5	Royalties	vestment of tax-	exemp	t bond pr	oceeds -			-	 -	┼	······································	<u> </u>	
	"	Noyalues	(i) Real	$\neg \neg$	/n)	Personal		-Callin	F 35.			- weny		1 -WIFTEN
	6a	Gross rents	(7.132)			rersonal								
	b	Less rental exps												
	c	Rental inc or (loss)						h X						
	_d		me or (loss)					William Laboure	THE RESERVE	30 Landson Fl. 185				Later Leville
	7a	Gross amount from sales of assets	(i) Secunties		(11) Other								
		other than inventory											2 THE	
	b	Less cost or other												
		basis & sales exps												
		Gain or (loss) Net gain or (los												
_			on fundraising even	اء ا					<u> </u>	- AsI		- <u>+</u>	##·	" Principal Co.
an		(not including \$	randraionig even											
eve		_	eported on line 1c)						*_ ***********************************	- مسلوب عود و	Ē		7	
2	ļ	See Part IV, line	18	a				Par.				, di la iba pilaba	1 mm 1 1 mm 1 1 mm 1	
Other Revenue		Less direct exp		ь[in and	194 194 194 195 195 195 195 195 195 195 195 195 195		
٦			(loss) from fundra	aising e	events					* .				
	9a		m gaming activities									-f fil	-; ₀	11 - 1 12 - 1
-	L	See Part IV, line		a			-		3					
		Less direct exp		b [منت عند	*_=! ===================================		<u> </u>				
l	10a	Gross sales of	(loss) from gamin	ig activ	rities				E ,		<u> </u>			
		returns and allo		а			-		5		." -		1.7	
	b	Less cost of go		ь			1			=	-	:		
ĺ		_	(loss) from sales		ntory									
			ellaneous Revenue			Busn. Code					 -	-		- 1
	11a									**************************************	<u> </u>			
	b													
- 1	C													
	d	All other revenu				L								
		Total. Add lines	. –			•				-		¥		
_	12	i otai revenue.	See instructions			<u> </u>	421	,706		0	<u> </u>	0	L	0

Part IX , Statement of Functional Expenses

	Check if Schedule O contains a respo				L
	ot include amounts reported on lines 6b, b, 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				-
	ındıviduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	49,300	49,300		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	057 000	0.57		
7	Other salaries and wages	257,980	257,980		
8	Pension plan accruals and contributions (include			ļ	
_	section 401(k) and 403(b) employer contributions)	16 052	16 052		
9	Other employee benefits	16,952 23,363	16,952 23,363		
10	Payroll taxes	23,363	23,363		
11	Fees for services (non-employees)				
a	Management		 		
b	Legal				
c d	Accounting Lobbying				
e	Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees		The second of the second that I want		
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)		,	į.	
12	Advertising and promotion				
13	Office expenses	24,987	24,987		
14	Information technology				
15	Royalties				
16	Occupancy	25,198	25,198		
17	Travel	708	708		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			<u>.</u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered			기 등 수입 학교를 되었다. 기 기 대표를 보고 있다면	
	above (List miscellaneous expenses in line 24e If		1 m2 = 1		
	line 24e amount exceeds 10% of line 25, column			화물을 하다는 것	
	(A) amount, list line 24e expenses on Schedule O)	01 061	01 001		<u> </u>
а		21,361	21,361		
b	TRAINING	1,710			
C	EQUIPMENT	147	147		
d	All other owners	 	 		
e 25	·	421,706	421,706	0	
25 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	421,700	421,700		
20	organization reported in column (B) joint costs		[
	from a combined educational campaign and				•
	fundraising solicitation. Check here following SOR 98-2 (ASC 958-720)]			

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 45,421 33,599 Cash-non-interest bearing 2 2 Savings and temporary cash investments 460,709 453,096 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 91 91 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 1,300 1,300 15 Other assets See Part IV, line 11 15 488,086 507,521 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,300 1,300 17 Accounts payable and accrued expenses 17 18 Grants payable 461,484 18 441,150 44,737 45,636 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 507. 521 488,086 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 Temporanly restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 507,521 488,086 Total liabilities and net assets/fund balances

Form 990 (2016)

orm!	90 (2016) ANSO CHILD DEVELOPMENT	36-3790368			Pag	ge 12
Раг	XI . Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line	in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		21,	
2	Total expenses (must equal Part IX, column (A), line 25)		2	4	21,	<u> 706</u>
3	Revenue less expenses. Subtract line 2 from line 1		3_			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, co	umn (A))	4			
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	nvestment expenses		7			
8	Pnor penod adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must eq	ual Part X, line				
	33, column (B))		10			
Par	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line	in this Part XII				
			-		Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🕱 Acci	ual Other				
	f the organization changed its method of accounting from a prior year or checke	ed "Other," explain in]]	<u> </u>
	Schedule O			- 3-5		
2a	Nere the organization's financial statements compiled or reviewed by an indepe	endent accountant?		2a		X
	f "Yes," check a box below to indicate whether the financial statements for the	rear were compiled or			19 P.	7. I
	reviewed on a separate basis, consolidated basis, or both					
(Separate basis Consolidated basis Both consolidated an	d separate basis				
b	Mere the organization's financial statements audited by an independent accoun	tant?		2b	X	L
	f "Yes," check a box below to indicate whether the financial statements for the	ear were audited on a				量
	separate basis, consolidated basis, or both			Tagger, or	#	
ĺ	Separate basis Consolidated basis Both consolidated an	d separate basis				3
C	f "Yes" to line 2a or 2b, does the organization have a committee that assumes	esponsibility for oversight		İ	1	1
	of the audit, review, or compilation of its financial statements and selection of a	n independent accountant?		2c	X	<u></u>
	f the organization changed either its oversight process or selection process dur	ing the tax year, explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an aud	t or audits as set forth in		ļ		l
	he Single Audit Act and OMB Circular A-133?			3a	X	
b	f "Yes," did the organization undergo the required audit or audits? If the organiz	ation did not undergo the				ĺ
<u>-</u> .	equired audit or audits, explain why in Schedule O and describe any steps take	n to undergo such audits		3 <u>b</u>	X	<u> </u>
				Fo	m 990	0 (2016)

SCHEDULE A (Form 990 or 990-EZ) .

Department of the Treasury Internal Revenue Service

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

Name of the organization

ANSO CHILD DEVELOPMENT

36-3790368

Employer identification number

	<u>Part</u>	l Reas	on for Public Charity	Status (All organizations i	nust co	mplete t	his part.) See instruction	s			
Th	he organization is not a private foundation because it is (For lines 1 through 12, check only one box)										
	1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
	2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
	3 ┌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
	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)										
1	6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
	7 X										
	8 🗌	A community	trust described in section 13	70(b)(1)(A)(vi). (Complete Part II)						
	9 🗌	An agricultura	al research organization desc	nbed in section 170(b)(1)(A)(ix	operated	ın conjun	ction with a land-grant college				
		or university	or a non-land grant college of	agnculture (see instructions) Er	nter the na	me, city,	and state of the college or				
	_	university									
1	0 _	,	• • • • • • • • • • • • • • • • • • • •	more than 33 1/3% of its suppor							
		•	•	ot functions—subject to certain e. d unrelated business taxable inco							
			•	, 1975 See section 509(a)(2). (•		i i tax) irom businesses				
1	1	١	=	xclusively to test for public safety	=	-	a)(4).				
1	<u> </u>	· .	•	xclusively for the benefit of, to pe		•					
		, -	•	ations described in section 509(• • •				
		Check the bo	x in lines 12a through 12d tha	at describes the type of supportin	ig organiza	ation and	complete lines 12e, 12f, and 12	9			
	а			rated, supervised, or controlled b		_					
		• •	• ,, ,	er to regularly appoint or elect a		the direc	tors or trustees of the				
			• •	omplete Part IV, Sections A and							
	b			pervised or controlled in connection							
			ion(s) You must complete	ing organization vested in the sai	ne persor	is triat cor	illoi oi manage the supporteu				
	С		• •	upporting organization operated i	n connect	ion with a	and functionally integrated with				
	•			ructions) You must complete F							
	d	Type lil ı	non-functionally integrated	. A supporting organization opera	ated in cor	nection v	vith its supported organization(s)			
			• •	organization generally must satis	•						
		_ `	•	ust complete Part IV, Sections		-					
	е			eived a written determination from			Type I, Type II, Type III				
	f		nber of supported organization	-functionally integrated supporting	y oryaniza	idon					
	g		ollowing information about the								
_		ne of supported	(II) EIN	(III) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of			
		rganization	,,,	(described on lines 1-10	1	ır governing	support (see	other support (see			
				above (see instructions))	-	ment?	instructions)	instructions)			
_					Yes	No					
(4	A)			1	Ĭ	ļ					
_				 							
(1	B)			1	1	}					
		 _			 -			 			
1	C)				1]					
-	 D)				 	 					
•	-,										
(E)										
_				<u></u>	<u> </u>		<u></u>				
					-			1			
To	otal				<u> </u>		<u></u>	<u></u>			

Page 2

Schedule A (Form 990 or 990-EZ) 2016 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	14.00 10 404	2	<u>20.0, p</u>	nease complete	<u>,,,,,,,, .</u>					
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	16	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	460,030	448,785	459,388	424,064	42	1,706	2,213,973			
2	Tax revenues levied for the organization'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	460,030	448,785	459,388	424,064	42	1,706	2,213,973			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	-			÷	11 -					
	shown on line 11, column (f)			도 발생 등			- 년 - 프				
6	Public support. Subtract line 5 from line 4		事。事意,要.	妻女堂 彰.		装。专	É	2,213,973			
_	tion B. Total Support	 -				, ———					
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	16	(f) Total			
7	Amounts from line 4	460,030	448,785	459,388	424,064	42	1,706	2,213,973			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	{									
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)										
11	Total support. Add lines 7 through 10							2,213,973			
12	Gross receipts from related activities, etc. (see instructions)					12				
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	th, or fifth tax year a	as a section 501(c)	(3)					
	organization, check this box and stop here							•			
Sec	tion C. Computation of Public Su		- 				1 - 1				
14	Public support percentage for 2016 (line 6,			(f))			14	100.00%			
15	Public support percentage from 2015 Sche						15	100.00%			
16a	33 1/3% support test—2016. If the organi				1/3% or more, che	ck this		<u> </u>			
_	box and stop here. The organization qualif							► X			
b	33 1/3% support test—2015. If the organi				is 33 1/3% or more	, check		. ┌─			
47-	this box and stop here. The organization q	•			4Ch	4					
1/a	10%-facts-and-circumstances test201	-									
	10% or more, and if the organization meets										
	-	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported									
b	<u>■</u>	organization 10% facts and circumstances test = 2015 If the organization did not check a box on line 12, 169, 16h, or 173, and line									
		10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.									
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly										
	supported organization			organization		,		▶□			
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b.	17a, or 17b, check	this box and see						
	instructions			·				▶ [

Sched	dule A (Form 990 or 990-EZ) 2016 ANS	O CHILD D	EVELOPMEN	T	36	-3790368	Page 3
Pa	rt III	ganizations D	escribed in Se	ction 509(a)(2)		
	(Complete only if you ched					to qualify under	Part II.
	If the organization fails to						
Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Grits, grants, contributions, and 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 are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			/	<i>/</i> 		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)	基基基	量量製				
	tion B. Total Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			· · · · · · · · · · · · · · · · · · ·			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	/					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	/					
13	Total support. (Add lines 9, 10c, 11,						
	and 12) /	L	<u></u>		L	L	
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	▶ []
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2016 (line 8,	column (f) divided	by line 13, column ((f))		15	%
16	Public support percentage from 2015 Scher		- ·			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2016 (lin	ne 10c, column (f) o	divided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2015					18	%
19a	33 1/3% support tests—2016. If the organ	nization did not che	ck the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line	
	17 is not more than 33 1/3%, check this box						▶□
þ	33 1/3% support tests—2015. If the organ	nization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than :	33 1/3%, and	<u></u>
	line 18 is not more than 33 1/3%, check this						▶ ∐
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	b, check this box a	nd see instructions	3	▶ ∐

20

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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)
- 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 12a or 12b 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
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10b		

instructions. All other Type III non-functionally integrated supporting organization	te muct cometo			
section A - Adjusted Net Income	is musi comple	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recovenes 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	Į į		
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8			
ection B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year)	[_		-	
a Average monthly value of secunties	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other	差			
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 Recovenes of pnor-year distributions	7	 		
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5	1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		3		
emergency temporary reduction (see instructions)	6			
7 Check here if the current year is the organization's first as a non-functionally integ		unnorting organization (see		

	Schedule A (Form 990 or 990-EZ) 2016 ANSO CHILD DEVELOPMENT 36-3790368 Page 7							
	Part V . Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of							
	organizations, in excess of income from activity							
	Administrative expenses paid to accomplish exempt purposes of supporte	ed organizations						
	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·	 					
- 6	Qualified set-aside amounts (pnor IRS approval required)							
7	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organization	n in connenius						
Ü	(provide details in Part VI). See instructions.	ii is responsive						
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
	Line o amount divided by Line 9 amount	(1)	(11)	(11)				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable				
	Section E - Distribution Anocations (See Instructions)	Excess Distributions	•					
1	Distributable amount for 2016 from Section C, line 6		Pre-2016	Amount for 2016				
<u> </u>	Underdistributions, if any, for years prior to 2016			,				
2	(reasonable cause required-explain in Part VI) See			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	instructions			(2) 전 (대 전) [조] [경 (李麗 /) [1				
3	Excess distributions carryover, if any, to 2016		量 基 基 章.					
a	1 表 法 墨 基 王 垂	语 善	43. 45 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	传·安·诗篇】				
b								
c	From 2013	北對 要對情。理		The Endough				
d	From 2014		生。彭、秦、秦					
е	From 2015	聖書 運 望 音		表 基. 注重的				
<u>f</u>	Total of lines 3a through e							
9	Applied to underdistributions of prior years	基 . 实、 第 . 净 : 1						
<u>h</u>	Applied to 2016 distributable amount							
i	Carryover from 2011 not applied (see instructions)							
i	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2016 from							
	Section D, line 7 \$							
a	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount	三年 "走" 李安						
	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2016, if							
	any Subtract lines 3g and 4a from line 2 For result							
	greater than zero, explain in Part VI See instructions							
6	Remaining underdistributions for 2016 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2017. Add lines 3j							
	and 4c		-	F 4 7 1				
8	Breakdown of line 7							
<u>a</u>								
	Excess from 2013		,					
	Excess from 2014							
	Excess from 2015							
е	Excess from 2016	İ	1	į į				

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

ANSO CHILD DEVELOPMENT

36-3790368

Page 8

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.)

DAA

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

ame o	of the organization	\	Employer id	dentification number
A	NSO CHILD DEVELOPMENT	}	36-3	790368
	Conganizations Maintaining Donor Advised Fun	·		
	Complete if the organization answered "Yes" on F			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pā	Conservation Easements.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check al	li that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import		area
	Protection of natural habitat	Preservation of a certified historic s	tructure	
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservation		
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	` '	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	S, and not on a		
_	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization of	unng the	
	tax year >			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monito	ing, inspection, handling of		□ vee □ Ne
_	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	notations, and enforcing conservation easem	ients dun	ing the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	lone, and enforcing consoniation easements	duana ti	10 V03F
•	S	ions, and emorcing conservation easements	during ti	ie yeai
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(R)(i)		
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemen	nts in its revenue and expense statement, an	ıd	
	balance sheet, and include, if applicable, the text of the footnote to the or	•		
	organization's accounting for conservation easements	<u> </u>		
Pa	Organizations Maintaining Collections of Art,		milar A	ssets.
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balan	ce sheet	
	works of art, historical treasures, or other similar assets held for public ex		ce of	
	public service, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-	eport in its revenue statement and balance s	sheet	
	works of art, historical treasures, or other similar assets held for public ex	khibition, education, or research in furtherand	ce of	
	public service, provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or of	•	the	
	following amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items		
	Revenue included on Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990 Part X		•	\$

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	ie 11b. See Form 990, Part X, line	12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market value	·
(1) Financial d	erivatives			
(2) Closely-hel	d equity interests			
(3) Other				
(A)				
(B)			T	
(C)				
(D)				
(E)	•			
(F)				
(G)				_
				
(H)	(h) must say of Form 000. Bort V. act. (R) line 12 \		<u> </u>	
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments—Program Related.	<u> </u>	<u> </u>	
Fait VIII	_	Form DOO Doot IV Ion	as 11a Sac Form 000 Bort V line	. 12
	Complete if the organization answered "Yes" on I			<u> 13</u>
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		<u> </u>	Cost of end-of-year market value	<u> </u>
(1)				
(2)			<u> </u>	
_(3)			<u> </u>	
_(4)				
_(5)		ļ		
<u>(6)</u>			<u> </u>	
<u>(7)</u>				
		<u> </u>		
(9)			<u></u>	
	(b) must equal Form 990, Part X, col. (B) line 13) ▶	<u></u>		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, Iir	ne 11d See Form 990, Part X, line	<u> 15 </u>
	(a) Description		(b)	Book value
_(1)				
(2)				_
(3)				
(4)		<u> </u>		
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities.			
I dit A	Complete if the organization answered "Yes" on	Form 000 Port IV lie	on 11e or 11f See Form 990 Par	+ Y
	line 25	rollii 990, rait iv, iii	ie Tie Of Til. See Form 990, Far	١٨,
		(h) Parti value		
1.	(a) Description of liability	(b) Book value	- Light	1 7 7
	ncome taxes		-	. 즉하
_(2)		<u> </u>	-	-,-
_(3)		_	<u> </u>	
(4)		<u> </u>		
(5)	·			
(6)				
(7)			╛.	_
(8)			_	
(9)				
	(b) must equal Form 990, Part X, col (B) line 25) ▶			
	uncertain tax positions. In Part XIII, provide the text of the footnot		· · · · · · · · · · · · · · · · · · ·	

Sche	dule D (Form 990) 2016 ANSO CHILD DEVELOPMENT	36-	-3790368	Page 4
Pa	rt XI . Reconciliation of Revenue per Audited Financial Staten	nents With Revenu	je per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	·	
1	Total revenue, gains, and other support per audited financial statements		1	421,706
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	421,706
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	A 1 1 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	421,706
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Exper	ses per Return.	-
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	421,706
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	421,706
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	421,706

Part XIII Supplemental Information.

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

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

36-3790368

Page 5

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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 Employer identification number

Name of the organization

ANSO CHILD DEVELOPMENT

36-3790368

FORM 990 - ORGANIZATION'S MISSION ORGANIZATION MONITORS MORE THAN 480 DAY CARE HOMES WITH REGARD TO THEIR PARTICIPATION IN THE USDA CHILD AND ADULT CARE FOOD PROGRAM AND PROVIDES THE DAY CARE HOMES WITH NUTRITION EDUCATION AND MANAGEMENT ADVISORY SERVICES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD REVIEWS FORM 990 FOR PROPER DISCLOSURES

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST