Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2016
Open to Public Inspection

OMB No. 1545-0047

JUL 1, 2016 and ending JUN 30, A For the 2016 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change CHILDSERVE HOMECARE INC Name change 42-1478832 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/ P.O. BOX 707 515-727-8750 termin-ated 1,526,066. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 50131-0707 JOHNSTON, IA H(a) Is this a group return Applica-F Name and address of principal officer: LLOYD VANDER KWAAK Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No 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.CHILDSERVE.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1998 M State of legal domicile: IA Part I Summary Briefly describe the organization's mission or most significant activities: TO ENHANCE THE WELL BEING OF Activities & Governance CHILDREN WITH SPECIAL HEALTH CARE NEEDS BY PROVIDING SPECIALTY HOME Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 33 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) Revenue 1,546,263. 1,525,674. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 45. 0. 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,546,680. 1,526,066. 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) 1,339,304. 1,399,601. 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) 246,296. 103,639. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,585,600. 1,503,240. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22,826. -38,920. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 392,176. 337,905. 20 Total assets (Part X, line 16) 163,056. 240,153. 21 Total liabilities (Part X, line 26) 152,023. 174,849. 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 LLOYD VANDER KWAAK, PRESIDENT/CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature BRENT L. ALEXANDER P00075113 Paid Firm's name BROOKS LODDEN, P.C. Firm's EIN 42-1229486 Preparer Firm's address 1441 29TH STREET, STE. 305 Use Only WEST DES MOINES, IA 50266-1357 Phone no. 515 - 223 - 7300

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

632002 11-11-16

Total program service expenses

1,077,820.

Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
٨	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_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			l <u> </u>
	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		<u> </u>
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		<u> </u>
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	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		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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا ا		
00	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	00		Х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512/b/(13)2	34	22	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)2 If "Yes" complete Schedule R. Part V. line 2	2Eh		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non charitable related organization?	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38		38	Х	
	Note. All Form 990 filers are required to complete Schedule O	J 30		Щ_

Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Programme Fig. Second Promator Second Promator Second Programme Second		Check if Schedule O contains a response or note to any line in this Part V				Ш			
be first the number of Forms W2G included in line 1s. Enter o'. If not applicable in Committed i					Yes	No			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, feed for the calendar year ending with or within the year covered by this return 2 In the transmittal of the calendar year ending with or within the year covered by this return 3 In it leads not be is reported on line 28, did the organization file all required federal employment tax returns? 2 In the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 In the value of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 In the value of the company of the value of the general reports of the company of the value of the general reports of the organization that any receive deductible as charitable contributions? 5 If "Yes," the line organization the annual gross receipts that are normally greater than \$100,000, and did the organization solid of the organization that may receive deductible as charitable contributions or general reports of the organization that may receive deductible as charitable contributions and party for goods and services provided to the payor? 5 If yes, a little the organization to neithy the dorso of the value of the general property for which it was required to the form 8282? The did the organization sell or organization sell or the value of the general property (did the organization file and payo	1a								
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Id the organization have unrelated business gross income of 51,000 more during the year? 3b If "Yes," set if filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b If "Yes," enter the name of the foreign country. ▶ 5a If 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. ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," enter the name of the foreign country. ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," in the sax of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," the ine 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," the ine 5a of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282 filed during the year 7c If If "Yes," indicate the number of Forms 8282 filed during the year 8d If "Yes," indicate the number of Forms 8282 filed during the year 9d If If "Yes," indicate the number of Forms 8282 filed during the year 9d If If "Yes," indicate the number of Forms 8282 filed during the year 9d If I		·			v				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif 17 exp.* has it filed a Form 9901 for this year? if *100,** for ins 3b, provide an explanation in Schedule 0 bif 17 exp.* the it filed a Form 9901 for this year? if *100,** for ins 3b, provide an explanation in Schedule 0 bif 17 exp.* first the filed a Form 9901 for this year? if *100,** for ins 3b, provide an explanation in Schedule 0 bif 17 exp.* first the name of the foreign country (such as a bank account, securities account, or other financial account)? Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae of filing filing filing filing filing filing filing filing filing fil	b			2b	Λ				
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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, erother financial account)? b If "Yes," enter the name of the foreign country: ▶ 5a Was the organization approximation approximation that it was or is a party to a prohibited tax shelter transaction? 5b Was the organization approximation approximation that it was or is a party to a prohibited tax shelter transaction? 5b Z C If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 888617 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 The St. (If Yes," indicate the number of Forms 8282 filed during the year to life Form 8282? 6 If Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 The Did the organization received a contribution of qualified intellegular property, did the organization file a Form 1098-C? 8 Sponsoring organizations make any stable distributions under section 4968? 9 Sponsoring organizations make a distribution to a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make any taxable									
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? 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 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · ·	11a						
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			12a					
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15d 14b									
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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		•							
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 Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b									
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	b Enter the amount of reserves the organization is required to maintain by the states in which the							
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b		organization is licensed to issue qualified health plans	13b						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С		13c						
						X			
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		000				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
_	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
844	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an experiention to make its Forms 1003 (or 1004 if applicable) 200 and 200 T (Section 501(a)/2)a pply	c:l-/	lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)		-1-1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	tinan	cial	
200	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► CHILDSERVE - 515-727-8750			
	P.O. BOX 707, JOHNSTON, IA 50131-0707			
	1.0. Don 101, Complete, in Soldi Civi			

Form **990** (2016)

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

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

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

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

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

(list any hours for related organizations below line) (1) DOUG DORNACKER PAST CHAIR (2) DAVID MACKAMAN (2) DAVID MACKAMAN (3) LLOYD VANDER KWAAK (list any hours for related organizations below line) (II) be a set of the organization (W-2/1099-MISC) (W-2/1 (W-2/1 (W-2/1099-MISC) (W-2/1 (W-2/1099-MISC) (W-2/1 (W-2/1099-MISC)	n related inizations (099-MISC)	other compensation from the organization and related organizations
(1) DOUG DORNACKER PAST CHAIR (2) DAVID MACKAMAN (2) DAVID MACKAMAN (3) LLOYD VANDER KWAAK PRESIDENT/CEO (4) DOUG CRETSINGER SECRETARY (5) SHIRLEY POERTNER VICE CHAIR (6) JIM SANDERS 1.75 X X X 0. 0.25 X X X 0. 0. 0.25 X X 0.		0
(2) DAVID MACKAMAN CHAIR CHAIR 1.75 X X X 0. (3) LLOYD VANDER KWAAK 1.00 PRESIDENT/CEO 39.00 X X 5,458. 43 (4) DOUG CRETSINGER SECRETARY 1.75 X X 0. (5) SHIRLEY POERTNER VICE CHAIR (6) JIM SANDERS 0.25 X X 0.		·
CHAIR	0.	
(3) LLOYD VANDER KWAAK		. 0
(4) DOUG CRETSINGER SECRETARY (5) SHIRLEY POERTNER VICE CHAIR (6) JIM SANDERS 0.25 X X 0. 0.		
1.75 X X 0.	31,152.	91,905
(5) SHIRLEY POERTNER VICE CHAIR (6) JIM SANDERS (1.75) X X 0.		
VICE CHAIR	0.	. 0
(6) JIM SANDERS 0.25	0.	. 0
		
	0.	. .

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Pa	T VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A)	(B)			(C Posi	•	1		(D)	(E)		_	(F)	
	Name and title	Average hours per week	box	not c , unle	heck i ss per id a di	more rson	than	th an	Reportable compensation from	Reportable compensation from related	on	an	timate nount other	
		(list any hours for	lirector				L		the organization	organizatior (W-2/1099-MI			pensa om th	
		related	stee or d	nstee			ensated		(W-2/1099-MISC)	(88-2/1099-1811	30)		anizat	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensate employee						d relat anizati	
		line)	Indivic	Institu	Officer	Key en	Highe: emplo	Forme						
					4									
	Sub-total								5,458.	431,1	52. 0.	9	1,9	05. 0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								5,458.	431,1		9	1,9	
2	Total number of individuals (including but r		_					ho r		-			, -	C
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the si		· · · ·						her compensation from			3		
_	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	•				•			ed organization or indiv	dual for services	6	5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization. Report compensation for										npens	ation 1	rom	
	(A) Name and business			ONI					(B) Description of s		С	(C ompe	;) nsatio	n
					<u>-</u>				•					
								_						
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mıte	a to	tho (se li: 0	stec	above) who received m	nore than				
		•										Form	990 (2016)

Pa	rt VII	II Statement of Revei	nue					
		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	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ar our		Membership dues						
s, C Am		Fundraising events						
gift lar,			1d	347.				
imi	е	Government grants (contribut	tions) 1e					
tio S	f	All other contributions, gifts, gran	its, and					
ibu He		similar amounts not included abo	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	3 1a-1f: \$					
<u>8 0</u>	h	Total. Add lines 1a-1f			347.			
			- ~	Business Code	1 505 654	1 505 654		
<u>ic</u>	2 a	NURSING SERVICE	<u> </u>	621610	1,525,674.	1,525,674.		
Program Service Revenue	b							
n S	С	·						
gra Re	d							
roč	е							
_		All other program service reve			1,525,674.			
		Total. Add lines 2a-2f			1,323,074.			
	3	Investment income (including	•		45.			45.
	4	other similar amounts)			±3.			45.
	4 5	Royalties		•				
	3	noyalties	(i) Real	(ii) Personal				
	6 a	Gross rents	· ·	(ii) i cisoriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		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)						
		Net gain or (loss)						
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
en		including \$						
Other Revenue		contributions reported on line	•					
ē		Part IV, line 18						
₽		Less: direct expenses						
		Net income or (loss) from fund						
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		 Net income or (loss) from gan Gross sales of inventory, less 		······				
	ю а	and allowances						
	h	Less: cost of goods sold						
		: Net income or (loss) from sale		•				
		Miscellaneous Revenu		Business Code				
	11 a							
	b		_					
	c							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		▶	1,526,066	1,525,674.	0.	45.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 7,470. 7,470. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,192,137. 922,226. 269,911. Other salaries and wages 7 Pension plan accruals and contributions (include 15,605. 10,810. 4,795 section 401(k) and 403(b) employer contributions) 23,701. 99,356. 75,655. Other employee benefits 9 19,381. 85,033. 65,652. Payroll taxes 10 Fees for services (non-employees): a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 6,175 430. 5,745 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,197. 51. 7,146. Office expenses 13 14 Information technology Royalties 15 14,715. 14,715. 16 Occupancy 5,181. 4,608. 573. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,838. 37. 2,801. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 1,733. 568. 1,165. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 50,000. 50,000. ADMINISTRATION SUPPORT WORKERS COMPENSATION EX 23,097. 18,847. 4,250. FOUNDATION SUPPORT 7,000. 7,000. **EQUIPMENT SERVICE AGREE** 1,600. 1,600. -17,0291,132. -15,897.e All other expenses 1,503,240 1,077,820. 425,420. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			25,111.	1	20,367.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			367,065.	4	231,562.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest compen					
		Part II of Schedule L		· ·		5	
	6	Loans and other receivables from other disqua					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of se		• • • • • • • • • • • • • • • • • • • •			
Ø		employees' beneficiary organizations (see inst		6			
Assets	7	Notes and loans receivable, net	F		7		
As	8	Inventories for sale or use				8	
	9					9	
		Land, buildings, and equipment: cost or other		Ī			
		basis. Complete Part VI of Schedule D	1	7,289.			
	b	Less: accumulated depreciation	10b	7,289. 7,289.	0.	10c	0.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	85,976.
	16	Total assets. Add lines 1 through 15 (must ed			392,176.	16	337,905.
	17	Accounts payable and accrued expenses			36,571.	17	163,056.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and form	er office	rs, directors, trustees,			
≝		key employees, highest compensated employ	ees, and	I disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
⊐	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on lin-	es 17-24). Complete Part X of			
		Schedule D			203,582.	25	0.
	26	Total liabilities. Add lines 17 through 25			240,153.	26	163,056.
		Organizations that follow SFAS 117 (ASC 95	58), che	ck here ▶ X and			
es		complete lines 27 through 29, and lines 33 a	and 34.				
auc	27	Unrestricted net assets			152,023.	27	174,849.
Fund Balances	28	Temporarily restricted net assets				28	
P P	29					29	
Ξ		Organizations that do not follow SFAS 117	ASC 95	8), check here 🕨 📖			
<u>p</u>		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current fund				30	
Ass	31	Paid-in or capital surplus, or land, building, or		F		31	
Net Assets or	32	Retained earnings, endowment, accumulated			450.000	32	45. 45.
Z	33	Total net assets or fund balances			152,023.	33	174,849.
	34	Total liabilities and net assets/fund balances			392,176.	34	337,905.

Form **990** (2016)

Part)	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
	otal revenue (must equal Part VIII, column (A), line 12)		1,520					
	otal expenses (must equal Part IX, column (A), line 25)		1,503					
	evenue less expenses. Subtract line 2 from line 1	3	22	2,8	26.			
	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	152	<u> 2,0</u>	23.			
5 Ne	et unrealized gains (losses) on investments	5						
6 Do	onated services and use of facilities	6						
7 Inv	vestment expenses	7						
8 Pr	ior period adjustments	8						
9 Ot	ther changes in net assets or fund balances (explain in Schedule O)	9			0.			
10 Ne	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	olumn (B))	10	174	<u>4,8</u>	<u>49.</u>			
Part >	KII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
	ccounting method used to prepare the Form 990: Cash X Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			Yes	No			
		· O.	2a		Х			
If '	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant?		Za					
b W	ere the organization's financial statements audited by an independent accountant?		2b	Х				
	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		20					
co	onsolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Separate basis Tes" Separate basis Separate basis Separate basis							
	view, or compilation of its financial statements and selection of an independent accountant?		2c	х				
	the organization changed either its oversight process or selection process during the tax year, explain in Sch		20					
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
h If	ct and OMB Circular A-133? "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	3a		_X_			
	audits, explain why in Schedule O and describe any steps taken to undergo such audits	ii ca addit	3b					
- 01	addite, explain with in concedure of and describe any steps taken to undergo such addits		Form	990	(2016)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			DSEKVE HOM					12-14/0032
Pa	ırt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.	
Γhe	organ	zation is not a private found	lation because it is: (For lines 1 through 12, of	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	•					
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a q	overnmental unit descri	bed in
		section 170(b)(1)(A)(iv). (C		,	•	, ,		
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	Ħ	An organization that norma	-					I nublic described in
•		section 170(b)(1)(A)(vi). (Co		intial part of its support	rom a gov	Ciriiriciitai	drift of from the genera	i public acsoribed iri
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \			
9	H					nd in conju	ination with a land grant	t college
9		An agricultural research org						
		or university or a non-land-g	grant college or agric	ulture (see instructions)	cite tile	marrie, City	y, and state of the collec	ge or
40	X	university:	II	than 00 1/00/ of its au		a a sa duri ber udi		
Ю	21	An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor						
11	\vdash	An organization organized a	=					
12		An organization organized a						
		more publicly supported or						Check the box in
		lines 12a through 12d that						
а		Type I. A supporting orga						
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting
	_	organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the su	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С	:	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an atten	tiveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е	,	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	r the number of supported o	organizations					
g		ide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
								<u> </u>
Γ _O t:	al							

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	
0	organization, check this box and stor	here					>
	tion C. Computation of Publ						
	Public support percentage for 2016 (14	%
	Public support percentage from 2015					15	%
16a	33 1/3% support test - 2016. If the c	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the d						
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				-		·
10	organization meets the "facts-and-circ						\
ΙÖ	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, or 1/		and see instruction	

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 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.)

<u> </u>	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II.)				
		(-) 0040	(L) 0040	1-3-004 /	(-P 004 =	1-3-0040	(6) T · ·
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1,616.	1,811.	1,770.	417.	347.	5,961.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in	1,010.	1,011.	1,7700	417.	3170	3,301.
	any activity that is related to the organization's tax-exempt purpose	1,660,151.	1,914,024.	1,529,854.	1,546,263.	1,525,674.	8,175,966.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	1,661,767.	1,915,835.	1,531,624.	1,546,680.	1,526,021.	8,181,927.
7a	Amounts included on lines 1, 2, and				*		•
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b			V/			0.
	Public support. (Subtract line 7c from line 6.)						8,181,927.
Sec	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1,661,767.	1,915,835.	1,531,624.	1,546,680.	1,526,021.	8,181,927.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3.				45.	48.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	3.				45.	48.
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.)	1,661,770.	1,915,835.	1,531,624.	1,546,680.	1,526,066.	8,181,975.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, o	column (f))			100.00 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	100.00 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2015 Schedule A, I	Part III, line 17			18	%
19a	$33\ 1/3\%$ support tests - 2016. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
h	more than 33 1/3%, check this box at 33 1/3% support tests - 2015. If the						
i.	line 18 is not more than 33 1/3%, che	•			•	•	
00	Private foundation If the organization						T H

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).
- **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 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
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
404		
10b		

Par	t IV Supporting Organizations _(continued)			
			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)			
		11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	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	'		
2				
	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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	- 1	· I	
			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			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)	١.	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	y Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con	nplete	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in 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	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	I v Type III Non-Functionally Integrated 509	(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 exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4	7		
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			
8	Breakdown of line 7:			
a	F			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Scriedule A	(FOIII 990 0) 990-EZ) 2016 CHILDDDLKVI HOHDCIKEL THE 42 1470032 Fage 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.)

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

CHILDSERVE HOMECARE INC

Employer identification number 42-1478832

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n 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
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		NI 0: 11 A
Ра	rt III Organizations Maintaining Collections of		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	,	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic 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 trea		al gain, provide
	the following amounts required to be reported under SFAS 11	, ,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		> ¢

632051 08-29-16

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

Schedule D (Form 990) 2016

Pai	t III Organizations Maintaining C	ollections of Art	t, Historical	Treasures, o	or Other	Similar As	sets(continued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	ne following tha	t are a sigi	nificant use of	its collection items	
	(check all that apply):							
а	Public exhibition	d	Loan or e	xchange progra	ams			
b	Scholarly research	е	Other					
С	c Preservation for future generations							
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's	collection?			Yes No	
Pai	t IV Escrow and Custodial Arrang	-	te if the organiza	tion answered	"Yes" on F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?						└── Yes └── No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance							
	Did the organization include an amount on Fo				-	/?	└── Yes No	
$\overline{}$	If "Yes," explain the arrangement in Part XIII.						<u></u>	
Pai	TV Endowment Funds. Complete if	the organization ans	swered "Yes" on					
		(a) Current year	(b) Prior year	(c) Two year	rs back (d) Three years ba	ck (e) Four years back	
1a	Beginning of year balance			4				
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, columr	ı (a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	l and administe	ered for the	organization		
	by:						Yes No	
	(i) unrelated organizations							
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule I	ጓ?			3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a	. See Form 990), Part X, lir	ne 10.		
	Description of property	(a) Cost or otl		st or other		umulated	(d) Book value	
		basis (investm	ent) bas	is (other)	depre	eciation		
1a	Land							
	Buildings							
С	Leasehold improvements							
d	Equipment			7,289.		7,289.	0.	
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part >	K, column (B), line	e 10c.)			0.	

Schedule D (Form 990) 2016

	HOMECARE INC	4	2-1478832 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)	,		,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes		e 11d. See Form 990, Part X, line 15.	-
	Description		(b) Book value
(1) DUE FROM AFFILIATES			85,976
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		▶ 85,976
Part X Other Liabilities.			05
Complete if the organization answered "Yes (a) Description of liability	on Form 990, Part IV, line	(b) Book value	25.
		(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

Schedule D (Form 990) 2016

(8)

Schedule D (Form 990) 2016

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CHILDSERVE HOMECARE INC

Employer identification number 42-1478832

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		37	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Desire the constitution of the desire of the constitution of the c			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		х
a	Receive a severance payment or change-of-control payment?	4a 4b		X
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	40 4c		X
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		<u> </u>
	The second any of lines 42.0, list the persons and provide the applicable amounts for each item in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	Х	
b	Any related organization?	6b	Х	
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) LLOYD VANDER KWAAK	(i)	4,364.	1,006.	88.		100.	6,732.	0.
PRESIDENT/CEO	(ii)	344,789.	79,451.	6,912.	82,725.	7,906.	521,783.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2016 CHILDSERVE HOMECARE INC	42-14/8832	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete	e this part for any additional informat	tion.
PART I, LINE 3:		
CHILDSERVE INC. (A RELATED ORGANIZATION) OBTAINS A COMPREHENSIVE MARKET		
BASED STUDY TO OBTAIN COMPENSATION DATA FOR EACH KEY EMPLOYEE FROM SIMILAR		
TYPE AGENCIES AND ORGANIZATIONS EVERY THREE YEARS. DURING THE YEARS WHEN		
THE STUDY IS NOT CONDUCTED, MARKET BASED INFORMATION SUCH AS CPI OR		
COMPARABLE DATA WILL BE USED ANNUALLY TO MAKE ADJUSTMENTS TO THE MIDPOINT.		
THE EXECUTIVE COMMITTEE OF CHILDSERVE INC.'S BOARD OF DIRECTORS HAS THE		
RESPONSIBILITY TO OVERSEE THE IMPLEMENTATION OF THE EXECUTIVE COMPENSATION		
POLICY. THE EXECUTIVE COMMITTEE WILL APPROVE THE COMPENSATION ARRANGEMENTS	i	
FOR THE PRESIDENT/CEO WITHOUT DISCUSSION OR VOTING PARTICIPATION OF THE		
PRESIDENT/CEO.		
PART I, LINE 6:		
INCENTIVE PAY IS BASED ON MEETING BUDGETED ORGANIZATIONAL NET EARNINGS.		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

CHILDSERVE HOMECARE INC

Employer identification number 42-1478832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTH CARE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S POLICY FOR REVIEW OF THE FORM 990 RETURN INCLUDES REVIEW
BY THE INDEPENDENT AUDIT SUBCOMMITTEE OF THE FINANCE COMMITTEE AND
DISTRIBUTION TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE GOVERNING BOARD AND KEY EMPLOYEES ARE REQUIRED BY POLICY TO ACKNOWLEDGE IN WRITING THEIR UNDERSTANDING AND COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THIS IS DONE ANNUALLY WITH 100% RESPONSE RATE REQUIRED.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF CHILDSERVE INC.'S (A RELATED ORGANIZATION) BOARD OF DIRECTORS HAS THE RESPONSIBILITY TO OVERSEE THE IMPLEMENTATION OF THE EXECUTIVE COMPENSATION POLICY FOR THE THREE KEY EMPLOYEES: PRESIDENT/CEO, VICE PRESIDENT OF ADMINISTRATION, AND VICE PRESIDENT OF PROGRAMS. THE EXECUTIVE COMMITTEE WILL APPROVE THE COMPENSATION ARRANGEMENTS FOR THE PRESIDENT/CEO WITHOUT DISCUSSION OR VOTING PARTICIPATION OF THE THE EXECUTIVE COMMITTEE WILL DOCUMENT THE BASIS FOR PRESIDENT/CEO. EXECUTIVE COMPENSATION DETERMINATIONS CONCURRENTLY WITH APPROVAL. THE DOCUMENTATION CONTAINS THE COMPARABILITY DATA THAT WAS RELIED ON AND HOW THE DATA WAS OBTAINED. A COMPREHENSIVE MARKET BASED STUDY WILL OBTAIN COMPENSATION DATA FOR EACH KEY EMPLOYEE FROM SIMILAR TYPE AGENCIES AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

CHILDSERVE HOMECARE INC	42-1478832
ORGANIZATIONS EVERY THREE YEARS. DURING THE YEARS WHEN T	HE COMPREHENSIVE
MARKET BASED STUDY IS NOT CONDUCTED, MARKET BASED INFORMA	TION SUCH AS THE
CPI OR COMPARABLE DATA WILL BE USED ANNUALLY TO MAKE ADJU	STMENTS TO THE
MIDPOINT.	
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.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

2016
Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CHILDSERVE HOMECARE INC

Employer identification number 42-1478832

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes" or	n Form 990, Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CHILDSERVE HOMES INC - 42-1264664							
P.O. BOX 707	SEE PART VII -						
JOHNSTON, IA 50131	SUPPLEMENTAL INFORMATION	IOWA	501(C)(3)	LINE 10	CHILDSERVE INC		X
CHILDSERVE MEDICAL EQUIPMENT & SUPPLY INC -							
42-1264666, P.O. BOX 707, JOHNSTON, IA	SEE PART VII -						
50131	SUPPLEMENTAL INFORMATION	IOWA	501(C)(3)	LINE 10	CHILDSERVE INC		X
CHILDSERVE THERAPY INC - 42-0680420							
P.O. BOX 707	SEE PART VII -						
JOHNSTON, IA 50131	SUPPLEMENTAL INFORMATION	IOWA	501(C)(3)	LINE 10	CHILDSERVE INC		X
CHILDSERVE INC - 42-1271420	PARENT COMPANY FOR BENEFIT						
P.O. BOX 707	& SUPPORT OF PROGRAMS/						1
JOHNSTON, IA 50131	SERVICES OF CHILDSERVE	IOWA	501(C)(3)	LINE 10			Х

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

Schedule R (Form 990) 2016

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CHILDSERVE COMMUNITY OPTIONS - 42-1390033							
P.O. BOX 707	SEE PART VII -	T.O	501/61/21				
JOHNSTON, IA 50131	SUPPLEMENTAL INFORMATION	IOWA	501(C)(3)	LINE 10	CHILDSERVE INC		X
CHILDSERVE HABILITATION CENTER - 42-0680245	<u> </u>						
P.O. BOX 707	SEE PART VII -						37
JOHNSTON, IA 50131	.	IOWA	501(C)(3)	LINE 10	CHILDSERVE INC		X
CHILDSERVE FOUNDATION INC - 42-1157665	DEVELOP, RECEIVE AND GRANT						
P.O. BOX 707	FINANCIAL ASSISTANCE TO						l
JOHNSTON, IA 50131	CHILDSERVE ORGANIZATIONS	IOWA	501(C)(3)	LINE 12A, I	CHILDSERVE INC		X
THE CHILDSERVE CLINIC, INC - 45-5327981							
P.O. BOX 707	SEE PART VII -						
JOHNSTON, IA 50131	SUPPLEMENTAL INFORMATION	IOWA	501(C)(3)	LINE 10	CHILDSERVE INC		Х

Page 2

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

- organizations treated as a pe	,y	,				1					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	nt income Share of total income end-of-year assets Share of total end-of-year assets Disproportionate allocations?		amount in box	General of managin partner?	Percentage ownership		
		country)		sections 512-514)		465515	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
											+
	1										
											<u> </u>
	1										
	1										
								<u> </u>			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	(i Sect 512(b contro enti	tion b)(13)
or olded organization		foreign country)	Ontity	or trust)	"TOOTTIC	assets	OWNERSIND		No
	-								
	-								
	-								
	-								
	-								
632162 09-06-16	•	32			1	Sche	dule R (Forr	n 990)	2016

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transaction:	s with one or more r	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-		1a		X	
	Gift, grant, or capital contribution to related organization(s)				1b		X	
	Gift, grant, or capital contribution from related organization(s)				1c	Х		
	Loans or loan guarantees to or for related organization(s)				1d		X	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		Х	
	Sale of assets to related organization(s)				1g		X	
	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
ı	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		X	
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		X	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X	
0	Sharing of paid employees with related organization(s))		10		X	
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r	Х		
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered	relationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
<u>(1)</u>	CHILDSERVE HABILITATION CENTER	R	289,558.	9,558.ACTUAL CASH TRANSFERRED				
<u>(2)</u> (CHILDSERVE INC.	P	50,000.	50,000.BASED ON PROPORTIONATE REVE				
(3)								

33

(5)

Page 4

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

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

opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part Yes	eral or aging tner?	Percentage ownership
ate ions? No	amount in box 20 of Schedule K-1 (Form 1065)	yes	aging tner?	ownership
No	(Form 1065)	Yes	No	
140	,	1163	140	
- 1				
_		_		
\dashv		+		
\dashv			\vdash	
		+	\vdash	
\dashv		+		

Schedule R (Form 990) 2016 CHILDSERVE HOMECARE INC	42-1478832	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	:	
NAME OF RELATED ORGANIZATION:		
CHILDSERVE HOMES, INC.		
PRIMARY ACTIVITY:		
PROVIDE COMMUNITY BASED GROUP HOME LIVING FOR CHILDREN WITH	SPECIAL	
HEALTH CARE NEEDS		
NAME OF RELATED ORGANIZATION:		
CHILDSERVE MEDICAL EQUIPMENT & SUPPLY, INC.		
PRIMARY ACTIVITY:		
PROVIDE MOBILITY EQUIPMENT, SPECIALTY MEDICAL SUPPLIES, AND	SERVICES	
FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS		
NAME OF RELATED ORGANIZATION:		
CHILDSERVE THERAPY, INC.		
PRIMARY ACTIVITY:		

PROVIDE SKILLED THERAPY AND AUDIOLOGY SERVICES FOR CHILDREN WITH

SPECIAL HEALTH CARE NEEDS

NAME OF RELATED ORGANIZATION:

CHILDSERVE COMMUNITY OPTIONS

PRIMARY ACTIVITY:

PROVIDE INTEGRATED SERVICES AND COMMUNITY CARE FOR CHILDREN WITH

SPECIAL HEALTH CARE NEEDS

NAME OF RELATED ORGANIZATION:

CHILDSERVE HABILITATION CENTER

PRIMARY ACTIVITY:

Schedule R (Form 990) 2016

Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
PROVIDE PEDIATRIC SKILLED NURSING AND SERVICES FOR CHILDREN WITH
SPECIAL HEALTH CARE NEEDS AND CHRONIC HEALTH CONDITIONS
NAME OF RELATED ORGANIZATION:
THE CHILDSERVE CLINIC, INC.
PRIMARY ACTIVITY:
IMPROVE ACCESS TO PEDIATRIC SUBSPECIALTY MEDICAL SERVICES, PEDIATRIC
REHABILITATION SERVICES, AND IN-HOME FAMILY SUPPORT SERVICES