

Form **990**

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

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILDREN'S HOME &amp; AID SOCIETY OF ILL</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>125 S. WACKER DR., 14TH FLOOR</b> City or town, state or province, country, and ZIP or foreign postal code <b>CHICAGO, IL 60606</b>	<b>D</b> Employer identification number <b>36-2167743</b>  <b>E</b> Telephone number <b>(312) 424-0200</b>
<b>F</b> Name and address of principal officer: <b>FRANK POREMSKI</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>63,517,438.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.CHILDRENSHOMEANDAID.ORG</b>		<b>L</b> Year of formation: <b>1883</b> <b>M</b> State of legal domicile: <b>IL</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO GIVE CHILDREN HELP, HOPE AND OPPORTUNITY.</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 51
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 51
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b> 1349
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 474
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b> 64,416,804. 60,250,006.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b> 1,284,090. 1,585,491.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b> 1,631. 254,935.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b> 1,114,675. 1,021,112.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b> 66,817,200. 63,111,544.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b> 7,753,337. 7,456,073.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b> 0. 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b> 41,101,915. 39,738,749.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b> 0. 0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,194,711.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b> 15,354,258. 14,855,475.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b> 64,209,510. 62,050,297.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b> 2,607,690. 1,061,247.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b> 39,785,242. 40,600,714.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b> 13,907,330. 13,925,869.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b> 25,877,912. 26,674,845.

**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.

<b>Sign Here</b>	Signature of officer <b>FRANK POREMSKI, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GREGORY S. ADAMS</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00095597</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b> Firm's address ▶ <b>1301 W. 22ND ST, STE 1100</b> <b>OAK BROOK, IL 60523</b>	Firm's EIN ▶ <b>41-0746749</b> Phone no. (630) <b>573-8600</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO GIVE CHILDREN HELP, HOPE AND OPPORTUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 20,096,298. including grants of \$ 7,073,655. ) (Revenue \$ 36,943. ) FOSTER CARE SERVICES PROVIDE SAFE, SECURE AND NURTURING HOMES FOR CHILDREN WHO HAVE BEEN SEPARATED FROM THE CARE OF THEIR BIOLOGICAL FAMILIES. WHEN FAMILIES ARE UNABLE TO CARE FOR THEIR CHILDREN, CHILDREN'S HOME + AID WORKS TO FIND SUITABLE HOMES FOR THEM WITH FOSTER PARENTS WHO CAN PROVIDE THE APPROPRIATE CARE BASED ON THE CHILDREN'S INDIVIDUAL NEEDS. EACH YEAR, CHILDREN'S HOME + AID PROVIDES FOSTER CARE SERVICES TO MORE THAN 1,000 CHILDREN WHO NEED TO BE PLACED IN FOSTER HOMES BECAUSE THEIR BIOLOGICAL FAMILIES ARE IN CRISIS AND ARE UNABLE TO PROVIDE FOR THEM.

4b (Code: ) (Expenses \$ 10,151,013. including grants of \$ 25,002. ) (Revenue \$ 857,930. ) CHANGES TO THE WELFARE SYSTEM HAVE INCREASED THE LIKELIHOOD THAT MORE CHILDREN WILL NEED CHILD CARE AT AN EARLY AGE. FOR MANY LOW-INCOME FAMILIES, THE PROVISION OF SUBSIDIZED CHILD CARE SERVICES PROVIDES THE ADDITIONAL FINANCIAL SUPPORT THEY NEED. RESEARCH SHOWS THAT WORKING PARENTS ARE MORE LIKELY TO BE SUCCESSFUL AT WORK OR IN SCHOOL WHEN THEIR CHILDREN ARE IN CHILD CARE ARRANGEMENTS THAT ARE SAFE, HIGH QUALITY AND DEPENDABLE. CHILDREN'S HOME + AID HAS A CONTRACT WITH THE ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS) CHILD CARE PROGRAM WHICH SERVES LOW-INCOME WORKING FAMILIES AND FAMILIES ON TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) WHO PARTICIPATE IN EDUCATION, TRAINING OR OTHER WORK-RELATED ACTIVITIES APPROVED BY THEIR CASEWORKER. IDHS CHILD CARE PROGRAM ALSO ASSISTS TEEN PARENTS IN HIGH SCHOOL OR GED PROGRAMS

4c (Code: ) (Expenses \$ 5,668,309. including grants of \$ 85,362. ) (Revenue \$ 331,963. ) RESIDENTIAL SERVICES IS FOCUSED ON TREATING CHILDREN WITH A HISTORY OF VIOLENCE AND ABUSE WHO OFTEN EXHIBIT EXTREMELY VOLATILE AND SEVERE BEHAVIOR. FOSTER PARENTS ARE OFTEN UNABLE TO DEAL WITH THESE BEHAVIORS MAKING RESIDENTIAL SERVICES THAT OFFER THERAPY SERVICES ROUND THE CLOCK WITH HIGHLY TRAINED THERAPISTS TO CORRECT NEGATIVE BEHAVIOR AND REINFORCE POSITIVE SOCIAL CONTACT NECESSARY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 16,895,123. including grants of \$ 272,054. ) (Revenue \$ 358,655. )

4e Total program service expenses 52,810,743.