EXTENDED TO FEBRUARY 16, 2016

Return of Organization Exempt From Income Tax

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury

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

A For the 2014 calendar year, or tax year beginning $- {
m JUL} - 1$, 2014 and ending JUN 30, 2015 Check if applicable: C Name of organization D Employer identification number Address change FANNIE BATTLE DAY HOME FOR CHILDREN, INC. Name Ichange Doing business as 62-0476290 leyini mičar Number and street (or P.O. box if mail is not delivered to sheet address). Room/suite E. Telaphone number]Final Jeturn/ 108 CHAPEL AVENUE (615) 228-6745 City or town, state or province, country, and ZIP or foreign postal code 1,110,597. G Gross receipts 5]Amended Intern NASHVILLE, TN 37206 H(a) is this a group return. }Applica∙ Itian F Name and address of principal officer: MELANIE SHINBAUM for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt statue; [X] 501(c)(3) 501(c) () 🖪 (insert no.) [4947(a)(1) or If "No," attach a list, (see instructions) J Website: WWW.FANNIEBATTLE.ORG H(c) Group examption number 🕨 K Form of organization: X Corporation [Trust Association Other 🕨 L Year of formation: 1923 M State of legal demicile: TN Part I | Summary 1 Briefly describe the organization's mission or most algorificant activities: OUR MISSION IS TO CONTINUE THE TRADITION ESTABLISHED IN 1891 BY OUR FOUNDER, MISS FANNIE BATTLE: TO Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, fine 1b) 19 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 35 5 Total number of volunteers (estimate if necessary) 1000 7 a Total unrelated business revenue from Part VIII, column (C), line 12 12,358. 7a b Net unrelated business taxable income from Form 990-T, line 34 11,358. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 702,650. 494,416. Program service revenue (Part VIII, fine 2g) 353,320. 390,468. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,326. 5,939. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 13e) 86,103. 90,520. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,148,012. 983,730. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part iX, column (A), line 4) O. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 695,390 786,259. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), fine 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 382,086. 357,152. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 077,476. 1,143,411. Revenue less expenses. Subtract line 18 from line 12 70,536. -159,681. Beginning of Current Year End of Year 20 Total assets (Part X, Jino 16) <u>1,9</u>65,744. <u>,79</u>6,434. Total llabilities (Part X, line 26) 132,778. 134,821. Net assets or fund balances, Subtract line 21 from line 20 832,966. ,661,613 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 (paper (ban officer) is based on all information of which preparer has any knowledge. Melanic Strintain Sign MELANIE SHINBAUM, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's marno Preparer's signature Dava P. Moon 1-15-16 Paid SARA G. MOON ₽00034774 Preparer Firm's name FRASIER, DEAN & HOWARD, 62-1073578 Firm's EIN 🛌 Use Only Firm's address > 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 Phone no. 615 - 383 - 6592

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

	m 990 [2014] FANNIE BATTLE DAY HOME FOR CHILDREN, INC 62-0476290 Page
Р	art
	Chock if Schedule O contains a response or note to any line in this Part []
•	OUR MISSION IS TO CONTINUE THE TRADITION ESTABLISHED IN 1891 BY OUR
	FOUNDER, MISS FANNIE BATTLE: TO PROVIDE AFFORDABLE, HIGH-QUALITY CHILD
	CARE FOR AT-RISK CHILDREN IN A NURTURING ENVIRONMENT WHILE EMPOWERING
	FAMILIES TO REACH THEIR POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," doscribe these new services on Schedule O.
3	Old the organization coase conducting, or make significant changes in how it conducts, any program services?
4	
7	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, If any, for each program service reported.
4a	040 546
	(Code:) (Expenses 3 949,546. Including grants of \$) (Revenue 3 390,468. MAINTENANCE AND OPERATION OF A DAY CARE AND NURSERY FOR 102 CHILDREN.
	THE TAXABLE TO THE TAXABLE POR TOS CHILDREN.
	TA 768 W.
	TOL 1178-1179-1179-1179-1179-1179-1179-1179-
	TA
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	, <u>, , , , , , , , , , , , , , , , , , </u>
	71 71174111
_	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1¢	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)
	7/4.
	Other program services (Describe in Schedule O.)
	(Expenses \$ Including grants of \$) (Revenue \$)
e '	Total program service expenses ► 949,546.

1	are in order of frequired defined by			
	by the proportion deposits of a positive EAST-VAL - AD477-VAL - AD	_	Yes	s N
	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	1	!
,	If "Yes," complete Schedule A	1		$\overline{}$
2	2	2	X	+
3	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			1
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4			İ	١
_	during the tax year? If "Yes," complete Schedule C, Part II	. 4		<u> </u>
5	the state of the s			1
_	similar amounts as defined in Rovonus Procedure 98-197 # "Yes," complete Schedule C, Part ##	5	↓_	X
6	c and a many an			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
7	The state of the s	i		1
	the environment, historic land areas, or historic structures? If "Yas," complete Schedule D. Part II	7	\perp	X
8	res, complete			
	Schodule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		1	Γ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	İ		ŀ
	If "Yas," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		\top	\Box
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	ı
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, (X, or X	9888		140
	as applicable.			
٤	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	1
	Part VI	111a	l x	l
L;	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	17.5	 "- "	·
	assets reported in Part X, line 16? # "Yes," complete Schedule D, Part V#	11b		x
c	Did the organization report an amount for Investments - program related in Part X, line 13 that is 5% or more of its total	1-11-		
	assets reported in Part X, line 167 # "Yes," complete Schedule D, Part VIII	110	Į	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	''*	\vdash	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	110		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	"	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		 	 -
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		x	
12a	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete	111	_A_	_
1842	· · ·	ـمدا		v
h	Schedulo D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	$\vdash\vdash\vdash$	Х
	,	<u></u> .	,	
13	# 'Yes," and if the organization answored "No" to line 12s, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? # "Yes," complete Schedule E	12b	<u>X</u>	·····
140	Charles and the contract of th	13	\vdash	X X
		<u>14a</u>	\vdash	Α
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,		i I	
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			•-
45	or more? If "Yes," complete Schedule F, Parts I and IV	.14b	$\vdash \vdash \vdash$	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	1 1		
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	\longrightarrow	X
18	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? # "Yes," complete Schedule F, Parts III and IV	16	 i	_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. !	. !	
	column (A), lines 6 and 11e? # "Yes," complete Schedule G, Part I	17		Х.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part Vill, lines	ı	Ţ	•
	1c and 8a? # "Yes," complete Schodule G, Part #	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Ţ	X
	If "Yes" to line 20a clift the organization attach a copy of its audited figure just at stements to this copy of	001	\neg	

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ŀ		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	<u> </u>	X
22			1	
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	┞	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			"_
	Schedule J	23	-	X
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the]	ļ	ļ
	last day of the year, that was Issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1.		١,,
	Schedule K. If 'No", go to line 25a	2/ia	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	┼
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١	l	1
	any tax-exempt bends? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	!	╀
		244	\vdash	\vdash
208	Section 501(c)(3), 501(c)(4), and 601(c)(29) organizations. Did the organization engage in an excess bonefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		╁
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			ļ
	• •	1056	•	X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		12
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # 'Yos."			
	complete Schedule L, Part II	26	i	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120	 	1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled ontity or family member	Ì		
	of any of these persons? If "Yes," complete Schedulo L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV	888	334	8836
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employed (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yas," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? # 'Yes,' complete Schedule M	30		X.
31	Did the organization liquidate, terminate, or dissolve and cease operations?	[]		
	If "Yes," complete Schedule N, Part I	31 :		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ĺĺ	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	ı	
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	.33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yos," complete Schedule R, Part II, III, or IV, and	1 1		
	Part Y, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35h		
36	Section 501(e)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	 -	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ī	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule B, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	Ψ,	
	Note, All Form 990 filers are required to complete Schedule O	38	X	

Form 980 (2014) FANNIE BATTLE DAY HOME FOR CHILDREN, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

•	Check If Schedule O contains a response or note to any line in this Part V			Γ
		3340	Yes	No
1:	a Enter the number reported in Box 3 of Form 1096. Enter 10- if not applicable			
- 1	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning] :::		1
	(gambfing) winnings to prize winners?	10	Х	
28	Enter the number of employees reported on Form W-3, Transmittal of Wago and Tax Statements,			
	fited for the calendar year ending with or within the year covered by this return 2a 35			
Ė	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	\Box
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	4000		100
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	1
Ŀ		3b	Х	f
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	· · · · · · · · · · · · · · · · ·		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	if "Yes," exter the name of the foreign country: ▶	388	0.000	300
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	*********	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	6b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a				
~	any contributions that were not tax deductible as charitable contributions?	6a		Х
b				
_	were not tax deductible?	8b		
7	Organizations that may receive deductible contributions under section 170(c).	3000	3383	
a	Old the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	35.00.00.0	X
b	16 PM of with the experiencing and the group of the color	70	-	
ć		10		
_	to file Form 8282?	7c		Х
d	1 1		933	
ę	Old the exception and the section of	70		X
í	District and the state of the s	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
b h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fite a Form 1098-C?	79 7h	\rightarrow	•
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	(0.00)	320	(10X
·	sponsoring organization have excess business holdings at any time during the year?	8	020078	9800000
ġ	Sponsoring organizations maintaining donor advised funds.		(((0)))	9161×
ā	Did the spensoring organization make any taxable distributions under section 49667	9a	200000000	Services:
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	DD	\dashv	
10	Section 501(c)(7) organizations. Enter:	307694	566200A 5	Ž03
ė	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 601(c)(12) organizations. Enter:			
์ ล	Gross Income from members or shereholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in liqu of Form 1041?	4/10	200000	-00-00-0
		12a	- 24-150 F	
	THE PART OF THE PA			
13	Section 501(c)(29) qualified nonprofit health Insurance issuers.			0,000
	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note, See the instructions for additional information the organization must report on Schedulo O. Enter the emount of research the employed to employed to employed by the challenging which the			
	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			
	Enter the amount of reserves on hand	 	*****	╼╜
		14a	\dashv	<u>X</u>
Ъ	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Form 990 (2014) FANNIE BATTLE DAY HOME FOR CHILDREN, INC 62-04/6290 Page 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
800	ction A. Governing Body and Management		Lu	1
	The state of the s	20.75	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a 19	1		
	If there are material differences in voting rights arriving members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	177		
	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	17000	1	77:00
	officer, director, trustee, or key emptoyee?	2	 	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	١.	l	٠,
	of officers, directors, or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-4	 -	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Nr	X
6	Did the organization have members or stockholders?	8	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7 ₽	Х	i
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7ь		Х
а	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	· · · · · · · · · · · · · · · · · · ·	8a	Х	
P	Each committee with authority to act on behalf of the governing body?	₽b_	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	Νo
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	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	Į	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
ь	Describe in Schedulo O the process, if any, used by the organization to review this Form 990.	***	392	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	†2a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistfeblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	•
15	Did the process for determining compensation of the following persons include a review and approval by independent			3688
	•			XX,
а	The organization's CEO, Executive Director, or top management official	16a :		Х
	Other officers or key employees of the organization	15b		X
••	If "Yos" to line 15a or 15b, describe the process in Schedule O (see instructions).			(8)38
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity (luring the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
ы	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangaments?	16b	*****	
Sect	tion C. Disclosure	100 1		
	List the states with which a copy of this Form 990 is required to be filed: >TN			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) aw	مامامات		
	• • •	MGC/IB		
	for public Inspection, Indicate how you made these available. Check all that apply. Own wabsite X Another's website X Upon request Other (explain in Schedule O)			
45			.,	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and ti	Hancia	au .	
	statements available to the public during the tex year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records: 🕨			
	LISA ROBERTSON - (615) 228-6745			

orm 990 ((2014)	FANNIE	BATTLE	DAY	HOME	FOR	CHILDREN,	INC	62-0476290
Part VII	Compensation	of Officers	s. Directors	s. Trus	tees K	ev Emi	nlavees. Highe	st Cami	neneater

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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 O 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.
- Ust all of the organization's former officers, key employees, and highest componented 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 emptoyees; and former such persons.

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

Name and Title	Land Check this box in heither the organization r	T	Orga	unize			прег	ean		T	
About Performance Perfor	(A)	(B)			Pos	G) sition	1		(D)	(E)	{F}
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FANNIE BATTLE DAY HOME FOR CHILDREN, INC

62-0476290

Form 990 (2014).

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded (C) Related or Unrelated Total revenue lrum tax under exempt function. business sections 512 - 514 rovenue revenue 1 a Foderated campaigns ons, Gifts, Grants Similar Amounts 1a 1b b Membership dues 26,325. c Fundraising events 10 d Related organizations 1**d** 174,525. Government grants (contributions) 10 All other contributions, giffs, grants, and 293,566. similar amounts not included above () Noncash convibutions included in lines 1a-18: 8 494,416. h Total, Add lines 1a-1f Business Code 2a DAY HOME FEES 624410 390,468. 390,468. Program Service Revenue f All other program service revenue 390,468. 460 04/01/4/14/03/6 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Hoyallies 5 (i) Real (ii) Personal 12,358. 6 a Gross rents Û. b Less: rental expenses _____ 12,358. c Rental Incomeror (loss) 12,358. 12,358. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 118,195. assets other than inventory b Less: cost or other basis 109,869. and sales expenses 8,326. c Gain or (loss) 8,326. 8,326, d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ 26 , 325 . _ of contributions reported on line 1c). See 94,910. Part IV, line 18 16,998. b Less: direct expenses ______ 77,912. Net income or (loss) from fundralsing events 77,912. 9 a Gross Income from gaming activities. See Part IV, line 19 b Less: direct expenses Not income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and altowances ______a b Less: cost of goods sold _____ Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 900099 250. 11 a MISCELLANEOUS 250 d All other revenue 250. e Total. Add lines 11a-11d 983,730. 390,468. 12,358. 86,488 Total revenue. See instructions.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			The service of the se	
5	Compensation of current officers, directors,	DO 161	60.000		
	trustees, and key employees	72,161.	60,993.	5,712.	5,456
Ç	Compensation not included above, to disqualified		i		
	persons (as defined under section 4958(f)(1)) and		ļ	•	
_	persons described in section 4958(c)(3)(8)	633,676.	E3E CA1	50 160	49 015
7	Other salaries and wages	033,070.	535,601.	50,160.	47,915
8	Pension plan accruals and contributions (include]		
_	section 401(k) and 403(b) employer contributions)	30,408.	25,544.	2,432.	2 422
Ð.	Other employee benefits	50,014.	41,657.	4,274.	2,432 4,083
0	Payroll taxes	30,014.	41,037.	4,2/4.	4,003
1	Fees for services (non-employees):				
a	Management				
ь	Logal	8,480.		8,480.	
c	Accounting	0,400.		0,400.	
d	Lobbying Professional fundraising services. See Part IV, line 17		4:0-00000000000000000000000000000000000	\$144.00\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
†	Investment management foos				
	Other. (If fine 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	27.873		27,873.	
2	Advertising and promotion	27,873. 1,355.	¬¬	27,0131	1,355
3	Office expenses	24,449.		24,449.	± 1,000
4	Information technology	21,1157		***, **********************************	
5	Royaliles		^		
6	Occupancy	30,446.	30,446.		
7	T	00,1101	20,1141		
	Payments of travel or entertainment expenses			•	
•	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	2,956.		2,956.	
	Payments to affiliates			_,,,	,,,,,
	Depreciation, depletion, and amortization	47,944.	47,944.		
	Insurance	32,035.	30,192.	1,843.	
	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e, if line				
	24e amount exceeds 10% of line 25, column (A) amount, list fine 24e expenses on Schedute C.)				
	REPAIRS & MAINTENANCE	67,367.	67,367.		
b	GROCERIES	54,703.	54,703.		
	CHILDREN'S ENRICHMENT	27,534.	27,534.		
þ	CLASSROOM EXPENSES	8,973.	8,973.		
e.	All other exponses	23,037.	18,592.	4,445.	
	Total tenetional expenses. Add lines 1 through 24e	1,143,411.	949,546.	132,624.	61,241.
,	foint costs. Complete this line only if the organization	-			
1	reported in column (B) joint costs from a combined	f			
	educational campaign and fundraising solicitation.				
	Check hore F if following SQP 98/2 (ASC 958/720)			Į.	

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,983. 40,005. 1 Cash - non-interest-bearing 16,507. 2 2 Savings and temporary cash investments Ptedges and grants receivable, net 3 3 155,534. Accounts receivable, net 4 110,023. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L. 6 Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 20,545. 7,114. Propaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,788,289. 243,577. 1,592,656. 1,544,712. b Lose: accumulated depreciation 10b 10c 192,026. Investments - publicly traded securities 78,073. 11 11 Investments - other securities. See Part IV, line 11 12 12 Invostments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 Total assets, Add lines 1 through 15 (must equal line 34) 1,965,744. 1,796,434. 16 16 21,072. 38,115. 17 Accounts payable and accrued expenses 17 Grante payable 18 16 Deferred revenue 19 19 20 Tax-exempt bend liabilities 20 Escrow or custodial account liability. Complete Part IV of Schodule D 21 Loans and other payables to current and former officers, directors, trustees, Labilities key employees, highest compensated employees, and disqualified porsons. Complete Part II of Schedule L 22 111,706. 96,706. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and leans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 132.778. 134.821. Total flabilities. Add fines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🚻 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,794,126. 1,601,587. 27 Unrestricted net assets 38,840, 60,026. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔛 and complete fines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,832,966. 1,661,613. 33 33 1,796,434. 1,965,744. Total liabilities and net assets/fund balances

	m 990 (2014) FANNIE BATTLE DAY HOME FOR CHILDREN, INC	<u>62</u>	-0476290	Page 12
P	art XI Reconciliation of Net Assets			
_	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part Vitl, column (A), line 12)	1	983	3,730.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,143	3,411.
3	Revenue less expenses. Subtract line 2 from line 1	. 3	-159	7,681.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, colorin (A))	4	1,832	2,966.
5	Net unrealized gains (losses) on investments	5	-11	,672.
6	Donated services and uso of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in not assets or fund balances (exptain in Schedule 0)	9	**********	0.
10	Net assets or fund balances at and of year. Combine fines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,661	.,613.
Pa	rt XII Financial Statements and Reporting			·
	Check if Schedule O contains a response or note to any line in this Part XII		-:	
			~-	Yes No
1	Accounting method used to prepare the Form 990; Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (5.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
ь	Were the organization's financial statements audited by an independent accountant?		26	х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.	5555	88 W6W
	consolidated basis, or both:			
	Soparate basis X Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.		
	review, or compliation of its financial statements and selection of an independent accountant?		20	X
	If the organization changed either its oversight process or selection process during the tax year, explain in School			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing			
	Act and OMB Circular A-133?		За	X
b	If "Yes," dld the organization undergo the required audit or audits? If the organization did not undergo the require	d audi		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1 1	
				90 (2014)
			-	1 7

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 (Farm 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545 0047

Open to Public Inspection

Nar	ne of I	the organization						Employer Identification nu	umber
		FAN	NIE BATTLE	DAY HOME FOR	R CHIL	DREN,	INC	62-0476290)
Pŧ	irt I	Reason for Public	Charity Status	(All organizations must	complete t	his part.) \$	See instructions		
The	organi	ization is not a private four	ndation because it is:	(For fines 1 through 11,	check only	y one box.)	+ 0.0 10	
1		A church, convention of c	churches, or associat	ion of churches describe	ed in secti	ion 170(b)	(1)(A)(i).		
2		A school described in sec	ction 170(b)(1)(A)(ii).	(Attach Schedule E.)					
3		A hospital or a cooperativ	e hospital service org	ganization described in	section 17	'0(b)(1)(A)i	fii).		
4		A modical research organi	ization operated in co	onjunction with a hospit	al describe	d in secti	on 170(b)(1)(A)	(III). Enter the hospital's nar	ne,
		city, and state:							
5		An organization operated	for the benefit of a co	ollege or university owns	ed or opera	ited by a g	overnmental ur	it described in	
		section 170(b)(1)(A)(iv).	(Complete Part II.)						
6		A federal, state, or local go							
7	Xi	An organization that point	ally receives a substa	antial part of its support	from a gov	vernmental	unit or from th	e general public described in	a
		section 170(b)(1)(A)(vi), (0	Complete Part II.)						
8		A community trust describ							
Ð								p fees, and gross receipts to	
								support from grass investo	
				(less section 511 tax) fr	om busine	sses acqu	ired by the orga	anization after June 30, 1976	5.
		See section 609(a)(2). (Co	• ′						
10		An organization organized							
11								y out the purposes of one o	·r
		more publicly supported or							
	t)	lines 11a through 11d that						-	
a	ш	Type I. A supporting org							
		the supported organization			a majority i	or the direc	ctors or trustee	of the supporting	
	r7	organization. You must be						to the second	
D	ш	Type II. A supporting org						··	
		 control or management or organization(s). You must 			enne helph	ита нам со	nitor or manage	a rue supported	
	\Box	Typo III functionally inte	•		in connec	tion with 4	met francisconolla	interested with	
·	_	its supported organizatio					-	integrated wilds,	
ď		Type III non-functionally		-		_	•	d organization(s)	
		that is not functionally int							
		requirement (see instruct							
ė		Check this box if the orga						Type III	
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 77	
f	Enter	the number of supported o							
		le the following Information							
	[1]	Name of supported	(li) EW	(iii) Type of organization	[[v] is the co	rganization n your	(v) Amount of n	- ' '	
		Organization		(doscribed on lines 1-9 above or IRC section	governing		support (s		Ð
				(see instructions))	Yes	No	Instruction	is) Instructions)	
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Schedule A (Form 990 or 990-EZ) 2014 FANNIE BATTLE DAY HOME FOR CHILDREN, INC 62-0476290 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cal	endar year (or liscal year beginning lo) 🕨	(a) 2010	(b) 2011	(e) 2012	(d) 2013	(e) 2014	(f) Yotal
	Gifts, grants, contributions, and			i			
	тетbership fees recoived. (Do not	1	[:		İ
	include any "unusual grants.")	707,047.	702,645.	559,240.	702,650.	494,416.	3165998.
2	Tax revenues lovied for the organ-						
	ization's benefit and either paid to	i					
	or expended on its behalf			<u> </u>	i		
3	The value of services or facilities						11.3
	furnished by a governmental unit to				l i		
	the organization without charge	i;					
4	Total, Add lines 1 through 3	707,047.	702,645.	559,240.	702,650.	494,416.	3165998.
5	The portion of total contributions				170.000		
	by each person (other than a			A 14 - A 10			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (i)						310,172.
6	Public support, Subtract line 5 from line 4.	48(00)0000000000000000000000000000000000			1 - 1 - 1 - 1 - 1 - 1 - 1		2855826.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	707,047.	702,645.	559,240.	702,650.	494,416.	3165998.
8	Gross income from interest,]	<u> </u>
	dividends, payments received on			ļ			
	securities loans, rents, royalties					ŀ	
	and Income from similar sources	25,002.	9,650.	4,889.	22.	12,358.	51,921.
9	Net income from unrelated business		į			-	
	activities, whether or not the	!				i	
	business is regularly carried on	<u> </u>		أ		ļ	
10	Other income. Do not include gain				i		
	or loss from the sale of capital	!	i				
	assets (Explain in Part VI.)			i		250.	250.
11	Total support. Add lines 7 through 10						3218169.
12	Gross receipts from related activities,	etc. (see Instruction	18)			12 2,	283,877.
13	First five years. If the Form 990 is for	the organization's	first, second, third,	fourth, or fifth tax	year as a section !	501(c)(3)	-
_	organization, check this box and stop	here					
Sec	tion C. Computation of Public	s Support Perc	entage				
14	Public support percentage for 2014 (lin	ne 6, column (f) divi	idad by line 11, col	lumn (f))		14	88.74 %
15	Public support percentage from 2013 :	Schedule A, Part II,	line 14		L		86.07 %
	33 1/3% support test - 2014, If the o			line 13, and line 14	1 ls 33 1/3% or moi	re, check this box :	
	stop here. The organization qualifies a	is a publicly suppor	tod organization				> X
	33 1/3% support test - 2013. If the or						
	and stop here. The organization qualif						
	10% -facts-and-elroumstances test -						
	if the organization meets the "facts						
	meets the "facts and circumstances" to						
	10% -facts-and-circumstances test -						% or
	more, and if the organization meets the						
	organization meets the "facts-and-circu						▶ □
18 I	Private foundation, if the organization	did not check a be	x on line 13, 16a,	16b, 17a, or 17b, o	check (his box and	see instructions	> []
					Sched	ule A (Form 990 o	r 990-EZ) 2014

Schedulo A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support Calendar year (or liscal year beginning in)	(a) OOM D	00.0011	fer noun	(a) 0017	4-3-200-4	40 - 1 -
	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and		İ		1		1
membership fees received. (Do not		İ]	!		
include any "unusual grants.")		+	<u> </u>			
 Gross receipts from admissions, merchandise sold or services per- 						
formed, or facilities furnished in		j		:		ļ
any activity that is related to the				-		
organization's tax-exempt purpose			<u> </u>			
3 Gross receipts from activities that						
are not an unrelated trade or bus-		į		i		ļ
Iness under section 513						
4 Tax revenues levied for the organ-			1		!	
ization's benefit and either paid to]				
or expended on its behalf				i		!
5 The value of services or facilities					· ·	
furnished by a governmental unit to					-	
the organization without charge			L			
6 Total. Add lines 1 through 5					``	
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons			!		•	
) Amounts included an lines 2 and 3 received	1.7	-			· "	
from other than disqualified persons that			i]	
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Schedule A (Form 990 or 990-EX) 2014 FANNIE BATTLE DAY HOME FOR CHILDREN, INC 62-0476290 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(a)(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 end how the organization made the determination.
- 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")? μ "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during line 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 emendment 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule I, (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yos," complete Part I of Schedule L (Form 990).
- 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 9(a)) 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 9(a)) 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 JRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," enswer (b) below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whather the organization had excess business holdings.)

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trustees of each of the supported organizations? Provide details in Part VI. 3a 1) Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				***	
		·	<u> </u>		
		of its supported organizations? If "Yes," describe in Part VI the role played by the produitation in this regard.	3b	─ ┞	

Schedule A (Form 990 or 990 EZ) 2014 FANNIE BATTLE DAY HOME Part V Type III Non-Functionally integrated 509(a)(3) Supporti			2-0476290 Page 6
Check here if the organization satisfied the Integral Part Test as a qualifying the Integra			etions All
other Type III non-functionally Integrated supporting organizations must be			A((A)(2), 70)
Section A - Adjusted Net Income		(A) Prior Year	(8) 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		
8 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	i	
7 Other expenses (see instructions)	7		
8 Adjusted Not Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1.00		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
Average monthly cash balances	1b	1	
c Fair market value of other non-exempt-use assets	. tc		THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
(actors (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	j	
5 Not value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	В		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	B		
Section C - Distributable Amount			Current Year
1 Adjusted not income for prior year (from Section A, line 8, Column A)	^		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, tine 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	1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional		ted Type III supporting organia	zation (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Section D - Distributions Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. Amounts paid to execupie assetts. Amounts paid to excupie exempt use assetts. Dualified estaclation amount globe (in Part VI). See instructions. Total amount distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI). See instructions. Distributed amount of violating 9 amount. (ii) (iii) (iii) (iiii) Schedule A (Form 990 or 990-EZ) 2014 FANNIE BATTL Part V Type III Non-Functionally Integrated 50	E DAY HOME FOR 9(a)(3) Supporting Org	CHILDREN, INC anizations (continued	62-0476290 Page	
2 Anounts paid to perform activity that directly furthers exempt purposes of supported organizations, in access of income from activity. 3. Administrative expenses paid to accomplain exempt purposes of experted organizations. 4. Amounts paid to sociutie exempt use assets. 5. Qualified schadisia amounts (prior IRS supprevil required). 6. Other distributions (doscribe in Part VI). See instructions. 7. Total annual (setzivitions Add inse 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide dectals in Part VI). See instructions. 9. Extributable amount divided by Line 9 smount. (i) (ii) (iii) Underdistributions (previous provided amount of the provided provided amount of the provided provided amount of the provided provided amount of the provided provided amount of the provided pro				Current Year
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4 Distributions for 2014 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remaining underdistributions for years prior to 2014, if any, Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2015. Add fines 3j and 4c. 8 Breakdown of line 7: a b b c c d Excess from 2013	i Carryover from 2009 not applied (see Instructions)			
line 7: a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remaining underdistributions for years prior to 2014, if any, Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 8 Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2015. Add fines 3j and 4c. 8 Breakdown of line 7: a b c d Excess from 2013	Pemainder, Subtract lines 3g, 3h, and 3i from 3f.			
a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 8 Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, soe instructions). 7 Excess distributions carryover to 2015. Add fines 3j and 4c. 8 Breakdown of line 7: a b C C C C C C C C C C C C C C C C C	4 Distributions for 2014 from Section D,			
b Applied to 2014 distributable amount c Remaining underdistributions for years prior to 2014, if any, Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). B Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add fines 3j and 4c. B Breakdown of line 7: a b c d Excess from 2013	lina 7: \$			
c Remainder, Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2015. Add fines 3f and 4c. 8 Breakdown of line 7: a b b C c d Excess from 2013	a Applied to underdistributions of prior years			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2015. Add fines 3j and 4c. 8 Breakdown of line 7: 9 Breakdown of line 7: 9 Coccess from 2013	b Applied to 2014 distributable amount	Waster Control of the		*
any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 8	c Remainder, Subtract lines 4a and 4b from 4.			
greater than zero, see instructions). B Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). C Excess distributions carryover to 2015. Add fines 3i and 4c. B Breakdown of line 7: B C C C C C C C C C C C C C C C C C C	5 Remaining underdistributions for years prior to 2014, if			
B Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). 7 Excess distributions carryover to 2015. Add fines 3(and 4c. 3) Breakdown of line 7: a	any. Subtract lines 3g and 4a from line 2 (if amount			
and 4b from line 1 (if amount greater than zero, soe instructions). 7 Excess distributions carryover to 2015. Add fines 3i and 4c. 8 Breakdown of line 7: a	greater than zero, see instructions).			
instructions). 7 Excess distributions carryover to 2015. Add fines 3 i and 4c. 8 Breakdown of line 7: a b c c d Excess from 2013	8 Remaining underdistributions for 2014, Subtract lines 3h			
7 Excess distributions carryover to 2015. Add fines 3 and 4c. 8 Breakdown of line 7: a b c c c c c c c c c c c c c c c c c c	and 4b from line 1 (if amount greater than zero, see			
and 4c. B Breakdown of line 7: B C C C C C C C C C C C C C C C C C C	instructions).			
Breakdown of line 7: a	7 Excess distributions carryover to 2015. Add fines 3]		
a b c c c c c c c c c c c c c c c c c c	and 4c.			
b	Breakdown of line 7:			
c d Excess from 2013	a China in the chi			
d Excess from 2013	b			
	c the property of the property			
o Excess from 2014	d Excess from 2013			
	e Excess from 2014	•		

chedule /	A (Form 990 or 990 EZ) 2014 FANNIB BAT".	ILB DAY	HOME FOR	CHIPDERN	, INC 62-0	4 76290 _{Pag}
Part Vi	4. •	explanations re	equired by Part II	l, lino 10; Part II, li	ne 17a or 17b; and	Part III, fino 12.
	Also complete this part for any additional inform	ation. (See instr	uolians).			
	46-07-10-00-2			\1/		
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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and Its instructions is at www.iss.gov/form990. DMB No. 1515-0017

2014

Name of the organization

Employer identification number

F	ANNIE BATTLE DAY HOME FOR CHILDREN, INC	62-0476290
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	•
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	s. See instructions.
General Rule		
	on filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling t y one contributor. Complete Parts t and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedulo A (Form 990 or 990 EZ), Part II, line 13, 16a, or or, during the year, total contributions of the greater of {1} \$5,000 or {2} 2% of the amount I, line 1. Complete Parts I and II.	τ 16b, and that received from
year, total contribu	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from an utions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educal cruelty to children or animals. Comptete Parts I, II, and III,	
year, contributions is checked, enter t purpose. Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an s exclusively for religious, charitable, etc., purposes, but no such contributions totaled mor here the total contributions that were received during the year for an exclusively religious, omplete any of the parts unless the General Rule applies to this organization because it re- le, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., received <i>nonexclusively</i>
	hat is not covered by the General Rule and/or the Special Rules does not fite Schedule B (
	rPart IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forn the filing requirements of Schedule 8 (Form 990, 990-EZ, or 990-PF).	m 990-PF, Part I, line 2, to

IHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

FANNIE	BATTLE	DAY	HOME	FOR	CHILDREN.	INC	

62-0476290

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	77011 db.	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u></u> \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Fotal contributions	(d) Type of contribution
3		\$\$86,540.	Person X Payroll Noncesh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 53,325.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
5		s33,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$75,000.	Person X Payroll Noncash { (Complete Part If for noncash contributions.)

Name of organization Employer Identification number FANNIE BATTLE DAY HOME FOR CHILDREN, 62-0476290 Contributors (see instructions). Use duplicate copies of Part Lif additional space is needed. Part I (a) (d)No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 20,000. Noncash (Complete Part II for noneash contributions.) (3) (b) (c) (d) Νo, Neme, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noneash contributions.) {a} (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d)No. Name, address, and ZIP + 4 Total contributions Type of contribution Porson Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part if for noncash contributions.)

Name of organization

Employer Identification number

FANNIE BATTLE DAY HOME FOR CHILDREN, INC

62-0476290

Part II	Noncash Property (see instructions). Use duplicate copies of (Part II if additional space is needed.	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			į
(a) No. Irom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ ·		\$	
(a) Vo. om ert I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
(a) No. rom art i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) lo. om irt l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date recalved
- - -		\$	
o. orm	(b) Doscription of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Dato received
_ -		 	

Employer identification number

Part II None	cash Property (see instructions). Use duplicate copies of t	Part II if additional space is needed.	
(a) No. from Part ((b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
(a) No. Forn	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Dale received
		\$	
a) o. om rt I	(b) Description of nancesh property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
o) o. m	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
) n tl	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		· . 	

Schedula Bij	Form 990.	QQQLE 2	ALGGREDE	12014
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Page 4

Name of orga	anization			Employer identification number			
FANNIE		ILDREN, INC		62-0476290			
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	butions to organizations described is plymns (a) through (e) and the follow charilable, etc., contributors of \$3,000 or \$	Ving line entry, For organization	(10) that total more than \$1,000 for			
(a) No.		space is needed.	<u> </u>	·			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	774	11.1.					
—— i							
İ							
-		(e) Transfer of gift		mau.			
L	Transferee's name, address, and	1 ZIP + 4	Relationship of traj	isferor to transferee			
		······	-nu-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift (ription of how gift is held			
	- 1/4	·					
i -	*****		— J 	· nu			
		7.00		**************************************			
	(a) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
<u> </u>	Transserve s traine, address, and	Helationship of trans	steror to transferee				
[]							

(a) No.	*****		·				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held			
_							
I -		7± L .					
-							
	1,,	(e) Transfer of gift		********			
	Transferee's name, address, and	ZIP + 4	Relationship of trans	steror to transferee			
-	W.TA-J-1-			****			
-		<u> </u>					
		·					
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held			
Part I			1-7				
_			-	- m.c.u			
	· · · · · · · · · · · · · · · · · · ·	(e) Transfer of gift					
	Transferee's name, address, and		Dolationskin of be	doror to transfers			
	manage a refile, adoress, and	111. 77	Relationship of trans	rer or to statistickee			
	***************************************			**************************************			
,		1					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" to 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.pov/form990.

Inspection Employer Identification number

_	FANNIE BATTLE DAY HOME FOR CHILDREN, INC		62-0476290
Į Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or .	Accol	ints. Complete if the
_	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Conor advised funds	(b) Fe	inds and other accounts
1	Total number at end of year		7.7-3
2	Aggregate value of contributions to (during year)		<u>'</u>
3	Aggregate value of grants from (during year)		
4	Aggregate value at and of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised to	ınds	
	are the organization's property, subject to the organization's exclusive legal control?	.	Yes 🔲 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	оліу	
	for charitable purposes and not for the bonefit of the donor or donor advisor, or for any other purpose confe	erring	
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	√, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply).		1.11
	Proservation of land for public use (e.g., recreation or education) Preservation of a historical	ily impo	vlant land area
	Protection of natural habitat Preservation of a certified	historio	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a α	опзеги	ation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	2a	
ь	Fotal acreage restricted by conservation easements		
C	Number of conservation casements on a certifled historic etructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure		
	listed in the National Register	2 d	
3	Number of conservation casements modified, transferred, released, extinguished, or terminated by the organ	nization	during the tex
	year 🟲		
4	Number of states where property subject to conservation casamant is located		
6	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the consorvation easements it holds?		
Ġ	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t		
7	Autount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.		\$
8	Does each conservation casement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(H)		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states		
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganizati	on's accounting for
Par	conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	2121	r Agnoto
I GI	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	arma	r Assets.
18	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement as		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public :	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.		
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and is		
	troasuros, or other similar assets held for public exhibition, education, or research in furtherance of public sol	vice, pr	ovide the following amounts
	relating to these items:		•
	(i) Revenue included in Form 990, Part VIII, line 1		
n	(ii) Assets included in Form 990, Part X	•	¥
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items;	. .	
al b	Heventre included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	. . .	<u> </u>
• •			

Sch		BATTLE DAY					62-04			
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tro	easures, or Oth	er S	imila	r Asset:	S (cont	linued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	signif	icant v	ise of its o	collectio	n item	15
	(check all that apply):									
а	Public exhibition	C		hange programs						
b	Scholarly research	•	Other							
C	Preservation for future generations									
4	Provide a description of the organization's c		_	-			ha4 ni ea	XIII.		
5	During the year, did the organization solicit of		•		ar ass	ets		_	_	_
	to be sold to raise funds rather than to be m	· ·			44010440			Yes	[No
Pa	rt IV Escrow and Custodial Arran	_	ete if the organizatio	n answered "Yes" t	o For	m 990,	Part IV, I	ine 9, or	,	
	reported an amount on Form 990, Pa	••								
1a	Is the organization an agent, trustee, custod						t	3	г	٦
	on Form 990, Part X?						L	_! Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		1					
					ł			Amour	nt	
¢	Beginning balance					<u>1c</u>				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance				l			3.7		7
	Did the organization include an amount on F		•		•		l	Yes	F	_] No
	If "Yes," explain the arrangement in Part XIII. If V : Endowment Funds. Complete i									
1 6	t 4 Lindowmont i dinds. Complete						naca banda	4-1 500		book
	Marie Carlo Marie Indiana	(a) Current year 789,262,	(b) Prior year 715 , 387 ,	(c) Iwo years back 685,096.			L8,817.	(e) rou		938.
18	Beginning of year balance	103,202,	115,501,	100,	+	r.	100.			100.
b	Contributions	-2,952.	87,169.		-		29,815.	v		
С.	Net investment earnings, gains, and tosses	10,167,	13,294,	13,319,	+		4,006,			
a	Grants or scholarships	10,107,	10,6311.	10,010,	+		4,000,	70,		,,,,,
е	Other expenditures for facilities									
	and programs				1—					
7	Administrative expenses	776,143,	789,262.	715,387.	\vdash	6.5	35,096.		719	817,
	End of year balance			· ·		**	,,,,,,,,,		1 4 4 ,	421,
2	Provide the estimated percentage of the curr	100 00		j neid as:						
2	Board designated or quasi-endowment Permanent endowment	%	_%							
12	Temporarily restricted endowment									
¢	· •	% %								
0-	The percentages in lines 2a, 2b, and 2c should be the percentages in lines 2a, 2b, and 2c should be the percentage at th	•	tion that are hold an	d administrated for I	bo or	aanizat	tion			
30	Are there endowment funds not in the posses	ssion of the organiza	tion that are note an	a administrate of the	are or	Recurse	irori		Von	No
	by:							3a(i)	Yes.	X.
	(i) unrelated organizations								Х	-4×
_	(ii) related organizations							3a(II) 3b	X	
	Describe in Part XIII the intended uses of the							(SD_1		
<u>4</u> Par	t VI : Land, Buildings, and Equipm		mphi anna.							
• +7	Complete if the organization answered		Part IV. line 11a. Se	e Form 990. Part X.	line 1	IO.				
	Description of property	(a) Cost or ot				nulater	1 1	(d) Boo!	k valu	
	beactiful of property	basis (investm	1 ' '	1 ' '	epreci		' i	(44 000	ey realita	o .
10	Land		' 1	3,000.			\neg	179	8,00	00.
	Buildings	I		1,498.	135	,45	0. 1	1,219		
	Leasehold improvements			0,110.		,01			2,09	
	Equipment			5,681.		,11			5,5	
	Other	1	1 -2.			,	_			
	Add lines 1s through te. (Column (d) must be		column (B) Jine 10	(c.)			a 1	L.544	4.71	12.

Schedule D (Form 990) 2014

ed (1)

Complete if the organization answered "Yes" to	Form 990 Paul IV line	11h Saa Form 990 Par	Y fine 12	2-04/6290 Pag
(a) Description of security or category (including name of security)	(b) Book value			id-of-year market value
(1) Financial derivatives				.
(2) Closely-held equity interests		1		
(3) Other			S	
(A)				
(B)				
(<u>O</u>				
(D)				
(C)				
(f)				
(G)				
(1)				1014 4 150 200
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to (a) Description of Investment	(b) Book value			d-of-year market value
	(u) book value	fet Metuod or value	ation. Cost of en	C-Oryon market value
(1)				
(2)				
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)		1		***
(6)				
(7)				
(E)				
(9)				
Complete if the organization answered "Yes" to l	Form 990, Part IV, line 1 scription	11d. See Form 990, Part	X, line 15.	(b) Book value
(1)				
(2)				
(3)		- A1-777-1		
(5)				
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(5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9) otal. (Calumn (b) must equal Form 990, Part X, col. (B) line 15 Part X. Other Liabilities.		1e or 11f. See Form 990	Part X. line 25.	
(5) (6) (7) (8) (9) Total. (Column for must equal Form 990, Part X, col. (B) line 15 Part X. Other Liabilities. Complete if the organization answered 'Yes' to F	Form 990, Part IV, line 1	1e or 11f. See Form 990 (b) Book value	Part X, line 25.	
(5) (6) (7) (8) (9) (otal. (Calumn (b) must equal Form 990, Part X, col. (B) line 15 Part X.: Other Liabilities. Complete if the organization answered 'Yes' to F	Form 990, Part IV, line 1		Part X, line 25.	
(5) (6) (7) (6) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line 15 Part X.: Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (t) Federal Income taxes	Form 990, Part IV, line 1		Part X, line 25.	
(5) (6) (7). (8) (9) (otal. (Column for must equal Form 990. Part X. col. (B) line 15 Part X.: Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal Income taxes (2)	Form 990, Part IV, line 1		Part X, line 25.	
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form) 990. Part X. col. (B) line 15 Part X.: Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal Income taxes (2) (3)	Form 990, Part IV, line 1		Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column fb) must equal Form 990. Part X. col. (B) line 15 Part X.: Other Liabilities. Complete if the organization answered 'Yes' to Fi. (a) Description of liability (t) Federal Income taxes (2) (3)	Form 990, Part IV, line 1		Part X, line 25.	
(5) (6) (7). (8) (9) otal. (Column fb) must equal Form 990. Part X. col. (B) line 15 Part X.: Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal Income taxes (2) (3)	Form 990, Part IV, line 1		Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column fi) must equal Form 990. Part X. col. (B) line 15 Part X. Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Form 990, Part IV, line 1		Part X, line 25.	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 Part X. Other Liabilities. Complete if the organization answered "Yes" to F (a) Description of liability (1) Federal Income taxes (2) (3) (4) (5)	Form 990, Part IV, line 1		Part X, line 25.	
(5) (6) (7). (8) (9) Total. (Column fi)t must equal Form 990. Part X. col. (B) line 15 Part X. Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (t) Federal income taxes (2) (3) (4) (5) (6) (7)	Form 990, Part IV, line 1		Part X, line 25.	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Pa	t XI Reconciliation of Revenue per Audited Financial Statemen		•	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		·····.	1.1	989,056.
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	······		1-1-	202,030.
z a		2a	-11,672.		
a b	The second secon		11,0/41		
c	Recoveries of prior year grants			1 l	
d	Annual Control of the	1	16,998.	1 1	
	Add lines 2a through 2d		· - · · · · · · · · · · · · · · · · · ·	20	5,326.
3	Subtract line 2a from line 1			3	983,730.
4	Amounts included on Form 990, Part VIII, line 12, but not on fine 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a] : [
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			40	0.
- 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	983,730.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With i	Expenses per F	Returr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				1 160 400
1	Total expenses and losses per audited financial statements			1	1,160,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	[e]		†	
	Donated services and use of facilities				
	Prior year adjustments Other losees			: :	
	Other losses Other (Describé in Part XIII.)		16,998.	[노네	
	Add lines 2a through 2d		·····	20	16,998.
3	Subtract fine 2e from line 1			3	1,143,411.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<u> .</u>
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Othor (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,143,411.
<u> </u>	XIII Supplemental information.				
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part X	, fine 2; Part XI,
lines 2	td and 45; and Part XII, lines 2d and 45. Also complete this part to provide any additi	onal informa	tion.		
			•		
PAR	T V, LINE 4:				
					•••
THE	ORGANIZATION HAS ADOPTED INVESTMENT AND SI	PENDING	POLICIES	FOR	<u> </u>
RND	OWMENT ASSETS THAT ATTEMPT TO PROVIDE A PRI	SDICTAE	BLE STREAM	OF	FUNDING
mΩ	PROGRAMS SUPPORTED BY THE ENDOWMENT WHILE S	יינא א שיטיקונ <u>י</u>	' m/∩ матаит:	דאד א	THE TOTAL PROPERTY OF THE PROP
10	LICONAMO BOFFORIED DI THE MENUMENT WILLE S	PERTING	TO MAINTA		**1F
PUR	CHASING POWER OF THE ENDOWMENT ASSETS.				
	The second secon				
THE	ENDOWMENT IS HELD BY THE RELATED ORGANIZAT	TION FA	NNIE BATTI	LE D	AY HOME
END	OWMENT FUND, INC.				
PAR'	T X, LINE 2:				
	ORGANIZATION AND ITS AFFILIATED SUPPORTING	ORGAN	IZATION AF	RE T	AX-EXEMPT
THE					
THE	ORGANIZATION AND ITS AFFILIATED SUPPORTING ANIZATIONS UNDER SECTION 501(C)(3) OF THE I				

FANNIE BATTLE DAY HOME FOR CHILDREN, INC 62-0476290 Page 5 Schedule D (Form 990) 2014 Part XIII | Supplemental Information (continued) ARE CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS AS DEFINED IN SECTION 509(A) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR FEDERAL INCOME TAXES IS INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION ("FASB ASC") GUIDANCE CONCERNING THE ACCOUNTING FOR INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES. BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY UNCERTAIN TAX FOSITIONS AT JUNE 30, 2015 AND 2014. ADDITIONALLY, THE ORGANIZATION HAS NOT RECOGNIZED ANY TAX RELATED INTEREST AND PENALTIES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. FEDERAL TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUDE THE YEARS ENDED JUNE 30, 2012 THROUGH JUNE 30, 2015. PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES 16,998. PART XII, LINE 2D - OTHER ADJUSTMENTS:

16,998.

SPECIAL EVENT EXPENSES

SCHEDULE G

Internal Royenue Geryca

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

Employ

CMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization				21 18 72 31 42,1		Employer (de	ntification number				
FANNIE	BATTLE DAY HOME FO	R C	HIL.	DREN, INC		62-0476	290				
Part Fundraising Activities required to complete this part	 Complete if the organization answert. 	ned "'	Yos" to	Form 990, Part IV, I	ine I/	'. Form 990-EZ	filers are not				
1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Soficita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with publicates or entitles (fundraisers) pursu	tion of tion of funda (including)	nong gover aising ding of ional fi	overnment grants inmont grants events ficers, directors, trus indraising services?	iteos (Yes					
(I) Name and address of individual or entity (fundralser)	(ii) Activity	(iii) Did fundiniser have custody or control of contributions?		have custody ov control of		have custody ov control of		(iv) Gross recoipts from activity	to (c	Amount paid r retained by) lundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No								
						····					
The state of the s											
otal			▶	-							
3 List all states in which the organization or licensing.			Hions -	or has been notified i	it is ex	kempt from reg	istration				
			,								
							·				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through CAROLING SPRING EVENT col. (c)) (event typo) (avent type) (total number) 53,558. 47,290. 20,387. 121,235. 1 Gross receipts 2 Less: Contributions 26,325. 26,325. 53,558. 20,387. 20,965. 94,910. Gross income (line 1 minus tine 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 2,878. 13,462. 658. 16,998. 9 Other direct expenses 16,998. 10 Direct expense summary. Add lines 4 through 9 in column (d) 77,912. Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a. (b) Pull labs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Rent/facility costs Other direct expenses Yos Yes Yes 6 Voluntear labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net garning income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Ы if "Yes," oxplain:

Schedulo G (Form 990 or 990 EZ) 2014 FANNIE BATTLE DAY HOME FOR CHILDREN, INC 62-0476290 Page 2

Schedule G (Form 990 or 990-EZ) 2014 FANNIE BATTLE DAY HOME FOR CHILDREN, INC	62 0476290 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	ا ا ا ا
a The organization's facility	
 b An outside facility Enter the name and address of the person who prepares the organization's garning/special events books and record 	
2 Charles and address of the potential property into organization organization organization	
Name 🕨	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	unt
of garning revenue retained by the third party 🕨 💲	
c If "Yes," enter name and address of the third party:	
Name 🕨	
Address >	
16 Gaming manager information:	
Namo 🕨	
Continue manager continue in the Continue in t	
Gaming manager compensation 🕨 \$	
Description of services provided 🕨	<u> </u>

Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Pa	A III 41 O Ob 105 15b
Part IVI Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Pa 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	it III, iines 9, 90, 106, 156,
130, 10, and 115, as applicable. 2800 provide any assampliar intermation (300 instructions).	
· · · · · · · · · · · · · · · · · · ·	

Schedule G	(Form 990 or 990 EZ) Supplemental info	FANNIE	BATTLE	DAY	HOME	FOR	CHILDREN,	INC	62-0476290	Page 4
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

OVS No. 1545-0097 Inspection

Name of the organization

FANNIE BATTLE DAY HOME FOR CHILDREN,

Employer identification number 62-0476290

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDE AFFORDABLE, HIGH-QUALITY CHILD CARE FOR AT RISK CHILDREN IN A NURTURING ENVIRONMENT WHILE EMPOWERING FAMILIES TO REACH THEIR POTENTIAL. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS 213 "LIFE MEMBERS" OF WHICH IT HAS VALID CONTACT INFORMATION FOR 165 MEMBERS. THE ORGANIZATION NO LONGER SOLICITS NEW MEMBERS AND EACH MEMBER HAS THE SAME RIGHTS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS PARTICIPATE IN THE ANNUAL ELECTION OF NEW BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE, EXECUTIVE DIRECTOR, ACCOUNTANT AND FULL BOARD REVIEW THE DOCUMENT PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: A FORM OF COMPLIANCE IS SIGNED ANNUALLY AT THE FIRST BOARD MEETING. POLICY IS ALSO REVIEWED AS OCCURRENCES COME UP DURING THE YEAR. FORM 990, PART VI, SECTION B, LINE 15: A SALARY SCALE DEVELOPED BY THE HR COMMITTEE IS IN PLACE ALONG WITH AN ANNUAL PORTFOLIO REVIEW SYSTEM. RAISES ARE SET BY THE BOARD OF DIRECTORS.

	aulo O (Forni 990 or :	390-EZ) (2014)					Paqe
Name	of the organization	FANNIE B	ATTLE DAY	HOME FOR	CHILDREN	, INC	Employer identification number 62-0476290
THE	EXECUTIVE	DIRECTOR	IS REVIEW	BD BY THE	BOARD O	E DIRECTO	RS.
	··			1			
FOR	M 990, PARI	r VI, SEC	rion c, lii	NE 19:			
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	v		10.00				

(g) Section 512;b);13; controlled Employer identification number 62-0476290Open to Public Inspection CW3 No. 1545/db/7 2014 Cyline 1 Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization enswered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets <u>لا</u> کے Ē status (if section Public charity 501(c)(3)) LINE 11 Complete if the organization answered "Yes" on Form 950, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at nownin conform990. Total income Exempt Code Related Organizations and Unrelated Partnerships section 501(c)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or fereign country) foreign country/ ■ Attach to Form 990. H Tenxassee FANNIE BATTLE DAY HOME FOR CHILDREN, SUPPORT FAMNIE BATTLE DAY Primary activity Primary setivity COME FOR CHILDREN For Paperwork Reduction Act Notice, see the Instructions for Form 990. 62-1859820, 108 CHAPEL AVENUE, MASHVILLE, IN PANNIE SATTLE DAY HOME ENDOWMENT FD, INC Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Copariment of the Treatury Internal Bevence Servee SCHEDULE R (Form 990) Part Part II 37206

Schedule R (Form 990) 2014

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Schedule R Corm 993) 2014 FANNIE BATTLE DAY HOME FOR CHILDREM,

62-0476290 Part III 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.

Page 2

General or Percentage managing ownership somer? Yes No 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. 3 Code V-UBI and amount in box in 20 of Schedule 4 K-1 (Form 1065) y Ġ Dispreportionals Yes No 0:00ccions 3 Share of end-of-year assets 9 Share of total income Predominant income (related, unrelated, excluded from fax under sections 512-514) Ð (a) Sirect controlling entity (c) Lagal domicile (stata or toreign country) Primary activity ē Name, address, and EIN of related organization Part IV

Yes No Satton 5.12(b)(13) 6965olled enity? Percentage ownership Ξ Share of end-of-year assets 9 Share of total income Type of entity (C corp. S corp. or trust) Œ (d) (d) Direct controlling entity Legal dominile (State or foreign country) T Primary activity Name, address, and EIN of related organization

Schedule R (Form 990) 2014

32,162 De-14-14

HILDREN, INC	1
HOME FOR C	
4 FANNIE BATTLE DAY HOME FOR CHILDREN,	Organizations Complete its
H Form SSO) 2014 FANN	Transactions With Belated
Scheduse	Part V

Page 3

62-0476290

Schedule R (Form 990) 2014 Yes ۲ ۳ 5 의 μ 四 무 흔 두 Ē ٥ Ę 9 ÷ Ξ Ξ 춫 # ÷ (d) Method of determining amount involved Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid to related organization(s) for expenses Loans or loan guarantees by related organization(s) Reimbursement paid by related organization(s) for expenses 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-W? Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Dividends from related organization(s) Amount involved (b) Transaction type (a-s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Lesse of facilities, equipment, or other assets from related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or it of this schedule. Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a) Name of related organization Purchase of assets from related organization(s) Exchange of assets with related organization(s) 422163 C8-14-13 ۵ E C Δ 듸 ଷ Ø € 卣 Ð

62-0476290

Page 4

FANNIE BATTLE DAY HOME FOR CHILDREN, INC Schedule R (Form 990) 2014

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

(K) Sentage nership						
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Geren Geren 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
(h) (i) (j) (k) 0.5x0000	(200 HID)					
(h) (Sxoper- Bonale Scalions?	S S					
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(g) Share of end-of-year assets						:
(f) Share of total income						
(e) Abali Sole (c) er (fax)						
# 15 de 15 d			- 			!
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
Prin					-	
(a) Name, address, and EIN of entity						

Schedule R (Form 990) 2014

Schedule R	(Form 990) 201 Supplemer	4	FANNI	E BA	TTLE	DAY	HOME	FOR	CHILD	REN,	INC -	52-047	76290	Page.
Part VII														
	Provide addition	onal informa	ation for rea	ponses:	to questi	<u>ans on S</u>	<u>ichedule (</u>	R (see in	structions).					
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