

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEDGE FUNDS CARE INC. Doing business as HELP FOR CHILDREN		D Employer identification number 43-1959796
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 330 SEVENTH AVENUE 2B		E Telephone number 212-991-9600
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001		G Gross receipts or sales 5,064,651.
	F Name and address of principal officer: RENEE SKOLASKI SAME AS C ABOVE		H(a) Is this a group return for small businesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No No. Attach a list. (see instructions) H(c) Group exemption number
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 2002 M State of legal domicile: NY
J Website: WWW.HFC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: HFC IS A CHARITY WHOSE PRINCIPAL MISSION IS TO SUPPORT EFFORTS TO PREVENT AND TREAT CHILD ABUSE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 50% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	58
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	58
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	579
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,519,819.	Current Year 4,436,851.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,021.	1,994.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 11e)	-392,753.	-508,238.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,130,087.	3,930,607.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,129,000.	2,755,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	800,695.	813,240.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	221,720.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 12, and 24e)	324,449.	317,368.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,254,144.	3,885,608.	
19	Revenue less expenses. Subtract line 18 from line 12	-124,057.	44,999.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2,697,086.	End of Year 2,807,094.
	21	Total liabilities (Part X, line 26)	802,070.	867,079.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,895,016.	1,940,015.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ Date _____		
	PATRICIA FISCHER, CONTROLLER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name THOMAS LANNING	Preparer's signature _____ Date _____	Check if self-employed <input type="checkbox"/> PTIN P00851654
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099	Firm's address 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019 Phone no. 212-297-0400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PRINCIPAL MISSION OF HEDGE FUNDS CARE IS TO SUPPORT EFFORTS TO PREVENT AND TREAT CHILD ABUSE. HEDGE FUNDS CARE IS A CHARITY RAISING FUNDS AND AWARENESS WITHIN THE HEDGE FUND INDUSTRY. THROUGH ITS REGIONAL AND INTERNATIONAL FUNDRAISING EVENTS, HEDGE FUNDS CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services supported 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 (Code:) (Expenses \$ 2,928,231. including grants of \$ 2,755,000. (Revenue \$ 80,773.) FUNDS DISBURSED TO AGENCIES THAT SPECIALIZE IN THE PREVENTION AND TREATMENT OF CHILD ABUSE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,928,231.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-19 contain various questions about organizational activities and financial reporting, with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

Table with columns for question number, question text, Yes, and No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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

Main form table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), descriptions of policies, and Yes/No columns. Includes questions about local chapters, conflict of interest, and whistleblower policies.

Section C. Disclosure

- List of disclosure items 17-20, including states where Form 990 is required to be filed, public inspection methods, and contact information for the person with books and records.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALICE HACKETT BOARD MEMBER	1.00	X					0.	0.	0.	
(2) AMY ROSENOW BOARD MEMBER	1.00	X					0.	0.	0.	
(3) BASIL GODELLAS BOARD MEMBER	1.00	X					0.	0.	0.	
(4) BETH WEINER BOARD MEMBER	1.00	X					0.	0.	0.	
(5) BILL HAGGERTY BOARD MEMBER	1.00	X					0.	0.	0.	
(6) CARY STIER BOARD MEMBER	1.00	X					0.	0.	0.	
(7) CHRIS ZABACK BOARD MEMBER	1.00	X					0.	0.	0.	
(8) CINDY HISLOP BOARD MEMBER	1.00	X					0.	0.	0.	
(9) DAVID NISSENBAUM BOARD MEMBER	1.00	X					0.	0.	0.	
(10) DEAN BACKER PRESIDENT	7.00	X		X			0.	0.	0.	
(11) DONALD MACNEAL TREASURER	5.00	X		X			0.	0.	0.	
(12) EDWARD HARAVON BOARD MEMBER	1.00	X					0.	0.	0.	
(13) ERIC R. ROPER BOARD MEMBER	1.00	X					0.	0.	0.	
(14) ERICA NELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(15) GEOFF RUDDICK BOARD MEMBER	1.00	X					0.	0.	0.	
(16) GERRY POLIZZI BOARD MEMBER	1.00	X					0.	0.	0.	
(17) GLEN DAILEY VICE PRESIDENT	2.00	X		X			0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GUNNER BURKHART BOARD MEMBER	1.00	X					0.	0.	0.	
(19) INGRID PIERCE BOARD MEMBER	1.00	X					0.	0.	0.	
(20) J. P. MUIR BOARD MEMBER	1.00	X					0.	0.	0.	
(21) JAMES MARTIN OUTGOING BOARD MEMBER	1.00	X					0.	0.	0.	
(22) JAY PELLER BOARD MEMBER	1.00	X					0.	0.	0.	
(23) JEFF CRISPEN BOARD MEMBER	1.00	X					0.	0.	0.	
(24) JOEL PRESS BOARD MEMBER	1.00	X					0.	0.	0.	
(25) JOHN BROADHURST BOARD MEMBER	1.00	X					0.	0.	0.	
(26) JOHN TAVSS BOARD MEMBER	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							348,558.	0.	56,866.	
d Total (add lines 1b and 1c)							348,558.	0.	56,866.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JONATHAN BARRETT BOARD MEMBER	1.00	X					0.	0.	0.	
(28) JOSEPH FISHER BOARD MEMBER	1.00	X					0.	0.	0.	
(29) JOSEPH PATELLARO BOARD MEMBER	1.00	X					0.	0.	0.	
(30) KARA FRIEDENBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(31) KEVIN SHANNON BOARD MEMBER	1.00	X					0.	0.	0.	
(32) KOBI DORENBUSH OUTGOING BOARD MEMBER	1.00	X					0.	0.	0.	
(33) LANCE ZINMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(34) M. COREY GOLDMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(35) MARK BELLIAS BOARD MEMBER	1.00	X					0.	0.	0.	
(36) MATT ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
(37) MATT STOVER BOARD MEMBER	1.00	X					0.	0.	0.	
(38) MELINDA KRAMER SECRETARY	2.00	X					0.	0.	0.	
(39) MICHAEL CROSS BOARD MEMBER	1.00	X					0.	0.	0.	
(40) MICHAEL TANNENBAUM BOARD MEMBER	1.00	X					0.	0.	0.	
(41) MICHAEL VRANOS BOARD MEMBER	1.00	X					0.	0.	0.	
(42) MIKAEL JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(43) NATALIE DEAK BOARD MEMBER	1.00	X					0.	0.	0.	
(44) NICHOLAS BUTCHER BOARD MEMBER	1.00	X					0.	0.	0.	
(45) NORMAN J. LEBEN BOARD MEMBER	1.00	X					0.	0.	0.	
(46) PETER COCKHILL BOARD MEMBER	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,724,151.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	712,700.				
	g Noncash contributions included in lines 1a-1f: \$		114,573.				
	h Total. Add lines 1a-1f		4,436,851.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,994.			1,994.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 3,724,151. of contributions reported on line 1c). See Part IV, line 18	a		487,299.			
		b Less: direct expenses		1,076,310.			
		c Net income or (loss) from fundraising events		-589,011.			-589,011.
	9 a Gross income from gaming activities. See Part IV, line 19	a		138,507.			
b Less: direct expenses			57,734.				
c Net income or (loss) from gaming activities			80,773.	80,773.			
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			3,930,607.	80,773.	0.	-587,017.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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	2,755,000.	2,755,000.		
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				
5 Compensation of current officers, directors, trustees, and key employees	405,424.	39,571.	280,414.	85,439.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	306,370.	29,903.	211,903.	64,564.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,624.	2,111.	14,956.	4,557.
9 Other employee benefits	25,590.	2,498.	17,699.	5,393.
10 Payroll taxes	54,232.	5,293.	37,511.	11,428.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	76,169.		76,169.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	108,201.	76,000.	32,201.	
12 Advertising and promotion				
13 Office expenses	18,222.	791.	15,722.	1,709.
14 Information technology	44,961.		44,961.	
15 Royalties				
16 Occupancy	125,104.	11,179.	89,788.	24,137.
17 Travel	2,056.	249.	1,807.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,619.		4,619.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,717.		20,717.	
23 Insurance	17,390.	1,697.	12,028.	3,665.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INDIRECT FUNDRAISING EXPENSES	15,736.		0.	15,736.
b EMPLOYEE HIRING	13,735.	450.	12,314.	971.
c EQUIPMENT	6,925.		6,925.	
d CLEANING	2,822.		2,822.	
e All other expenses	-139,289.	3,489.	-146,899.	4,121.
25 Total functional expenses. Add lines 1 through 24e	3,885,608.	2,928,231.	735,657.	221,720.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	766,136.	1	566,168.
	2 Savings and temporary cash investments	1,352,845.	2	1,425,424.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	256,408.	4	258,797.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	254,923.	9	123,101.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 219,057.		
	b Less: accumulated depreciation	10b 177,375.	66,774.	10c 41,682.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	391,922.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,697,086.	16	2,807,094.	
Liabilities	17 Accounts payable and accrued expenses	182,372.	17	144,902.
	18 Grants payable	593,000.	18	535,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payable to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	26,698.	25	187,177.
	26 Total liabilities. Add lines 17 through 25	802,070.	26	867,079.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,605,891.	27	1,751,396.
	28 Temporarily restricted net assets	289,125.	28	188,619.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,895,016.	33	1,940,015.	
34 Total liabilities and net assets/fund balances	2,697,086.	34	2,807,094.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,930,607.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,885,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	44,999.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,895,016.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,940,015.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
- Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
- If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
- Separate basis 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 compilation of its financial statements and selection of an independent accountant?
- If the organization changed either its oversight process or selection of the independent accountant during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

Name of the organization: HEDGE FUNDS CARE INC.
Employer identification number: 43-1959796

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or the general public described in section 170(b)(1)(A)(vi).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 [] An organization organized and operated exclusively to test for public safety.
11 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organization(s): []

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4431521.	4960114.	4726872.	4519819.	4436851.	23075177.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4431521.	4960114.	4726872.	4519819.	4436851.	23075177.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						135,933.
6 Public support. Subtract line 5 from line 4.						22939244.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4431521.	4960114.	4726872.	4519819.	4436851.	23075177.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,890.	9,334.	3,857.	3,021.	1,994.	28,096.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		2,005.				2,005.
11 Total support. Add lines 7 through 10						23105278.
12 Gross receipts from related activities, etc. (see instructions)					12	3,057,080.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f), divided by line 11, column (f))	14	99.28 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.84 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 509(a)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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 organization.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organization during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI: (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 each action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, contribution, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled and managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the end of the tax year, and (iii) copies of the organization's governing documents in effect on the date of notification to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Prior Years	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER

2012 AMOUNT: \$ 2,005.

CLIENT COPY

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

HEDGE FUNDS CARE INC.

Employer identification number

43-1959796

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked **Special Rule A** on Form 990 or 990-EZ, Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of more than (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HEDGE FUNDS CARE INC.	Employer identification number 43-1959796
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DELOITTE 111 SOUTH WACKER DRIVE CHICAGO, IL 60606	\$ 98,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ERNST & YOUNG LLP 5 TIMES SQUARE NEW YORK, NY 10036	\$ 250,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	KPMG 345 PARK AVENUE NEW YORK, NY 10019	\$ 142,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PRICE WATERHOUSE COOPERS LLP 300 MADISON AVENUE, #24 NEW YORK, NY 10017	\$ 135,701.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEDGE FUNDS CARE INC.	Employer identification number 43-1959796
--	---

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization HEDGE FUNDS CARE INC.	Employer identification number 43-1959796
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Name of the organization HEDGE FUNDS CARE INC. Employer identification number 43-1959796

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose, including impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspection, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, 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. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Form 990, Part X, line 21.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		219,057.	177,375.	41,682.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,682.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERAFFILIATED RECEIVABLES	358,287.
(2) SECURITY DEPOSITS	33,635.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	391,922.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERAFFILIATE LIABILITIES	187,177.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	187,177.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	5,331,632.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	151,669.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,249,356.	
e	Add lines 2a through 2d	2e		1,401,025.
3	Subtract line 2e from line 1	3		3,930,607.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,930,607.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,284,760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	151,669.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,263,219.	
e	Add lines 2a through 2d	2e		1,414,888.
3	Subtract line 2e from line 1	3		3,869,872.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	15,736.	
c	Add lines 4a and 4b	4c		15,736.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,885,608.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1b; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

HFC'S FEDERAL AND STATE INCOME TAX RETURNS PRIOR TO FISCAL YEAR 2012 ARE CLOSED. MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.

HFC WOULD RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH TAX MATTERS AS PART OF MANAGEMENT AND GENERAL EXPENSES IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND INCLUDE ACCRUED INTEREST AND PENALTIES IN ACCRUED EXPENSES IN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. HFC DID NOT RECOGNIZE ANY INTEREST OR PENALTIES ASSOCIATED WITH TAX MATTERS FOR THE YEAR ENDED DECEMBER 31, 2015.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE ORGANIZATIONS REVENUE	1,265,092.
INDIRECT FUNDRAISING EXPENSES	-15,736.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,249,356.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AFFILIATE ORGANIZATIONS EXPENSES	1,263,219.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

INDIRECT FUNDRAISING EXPENSES	15,736.
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CLIENT COPY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		NY ANNUAL GALA (event type)	CHICAGO ANNUAL GALA (event type)	26 (total number)		
Revenue	1	Gross receipts	1,654,359.	656,982.	1,896,702.	4,208,043.
	2	Less: Contributions	1,536,559.	621,452.	1,562,733.	3,720,744.
	3	Gross income (line 1 minus line 2)	117,800.	35,530.	333,969.	487,299.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	88,194.		26,379.	114,573.
	6	Rent/facility costs	25,950.	23,425.	155,807.	205,182.
	7	Food and beverages	105,000.	46,651.	305,727.	457,378.
	8	Entertainment	5,850.		1,186.	7,036.
	9	Other direct expenses	156,966.	18,324.	121,309.	296,599.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,080,768.
11	Net income summary. Subtract line 10 from line 3, column (d)				-593,469.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull /instant no/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		138,507.	138,507.
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs		20,500.	20,500.
	5	Other direct expenses		37,234.	37,234.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			57,734.
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			80,773.

9 Enter the state(s) in which the organization conducts gaming activities: CA, MN

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ PATRICIA FISCHER

Address ▶ 330 SEVENTH AVE SUITE 2B - NEW YORK, NY 10001

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable contributions 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 (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **HEDGE FUNDS CARE INC.** Employer identification number **43-1959796**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR BARTOW'S CHILDREN, INC. - P.O. BOX 446 - CARTERSVILLE, GA 30120	58-1505825	501(C)(3)	20,000.	0.			HOME VISITATION PROGRAM FOR AT-RISK FAMILIES
BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVENUE VALHALLA, NY 10595	13-1739922	501(C)(3)	50,000.	0.			TREATMENT FOR ACUTELY AND CHRONICALLY ABUSED CHILDREN
BOSTON CASA 715 BOYLSTON ST., SUITE 410 BOSTON, MA 02116	04-3110775	501(C)(3)	15,000.	0.			CLIENT ADVOCACY FOR ABUSED AND NEGLECTED CHILDREN WHO ARE OLDER AND IN FOSTER CARE
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE. CHICAGO, IL 60632	36-4229387	501(C)(3)	23,000.	0.			THERAPY AND SUPPORT SERVICES FOR AT-RISK AND ABUSED STUDENTS AND PREVENTION WORKSHOPS FOR
CABRINI GREEN LEGAL AID 740 N. MILWAUKEE AVE. CHICAGO, IL 60642	36-2775706	501(C)(3)	40,000.	0.			LEGAL ASSISTANCE AND SUPPORT FOR AT-RISK FAMILIES WITH INCARCERATED MOTHERS
CENTER FOR FAMILY REPRESENTATION, INC. - 40 WORTH STREET SUITE 605 - NEW YORK, NY 10013	51-0419496	501(C)(3)	50,000.	0.			LEGAL AND SOCIAL WORK SERVICES AND ADVOCACY FOR FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **62.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S. DAMEN AVE. CHICAGO, IL 60608	36-4251865	501(C)(3)	40,000.	0.			INTENSIVE CASE MANAGEMENT FOR FAMILIES IMPACTED BY CHILD SEXUAL ABUSE WAITING FOR MENTAL HEALTH
CHILD AND FAMILY ADVOCACY PROGRAM DBA BLUE SKY BRIDGE - P.O. BOX 19122 - BOULDER, CO 80308	84-1305384	501(C)(3)	20,000.	0.			SCHOOL-BASED PREVENTION EDUCATION PROGRAM
CHILD CENTER OF NY 60-02 QUEENS BOULEVARD WOODSIDE, NY 11377	11-1733454	501(C)(3)	40,000.	0.			ASSESSMENT, SCREENING, AND COUNSELING FOR HIGH-RISK OR ABUSED ASIAN CHILDREN AND YOUTH.
CHILD GUIDANCE CENTER OF SOUTHERN CONNECTICUT, INC. - 196 GREYROCK PLACE - STAMFORD, CT 06901	06-0712058	501(C)(3)	60,000.	0.			EXPEDITED ACCESS TO SERVICES FOR PHYSICALLY AND SEXUALLY ABUSED CHILDREN
CHILDREN'S ADVOCACY & FAMILY RESOURCES, INC. DBA SUNGATEKIDS - P.O. BOX 3554 - ENGLEWOOD, CO 80155	84-1233797	501(C)(3)	10,000.	0.			PERFORMANCE-BASED, INTERACTIVE ABUSE PREVENTION / BODY SAFETY PROGRAM USING PUPPETS
CHILDREN'S ADVOCACY CENTER OF SUFFOLK COUNTY - 989 COMMONWEALTH AVENUE - BOSTON, MA 02215	13-3172387	501(C)(3)	25,000.	0.			INTERVENTION AND SUPPORT SERVICES FOR ABUSED CHILDREN AND THEIR NON-OFFENDING CAREGIVERS
CHILDREN'S ADVOCACY CENTER OF NORTH AND NORTHWEST COOK COUNTY - 640 ILLINOIS BLVD - HOFFMAN ESTATES, IL 60169	36-3711203	501(C)(3)	40,000.	0.			ASSESSMENTS, COUNSELING, EDUCATIONAL & SUPPORT GROUPS FOR CHILD ABUSE SURVIVORS
CHILDREN'S ADVOCACY CENTER OF NORTH AND NORTHWEST COOK COUNTY - 1100 S. HAMILTON 8W - CHICAGO, IL 60612	36-3711203	501(C)(3)	36,000.	0.			CASA SERVICES (MENTORING AND ADVOCACY) FOR YOUTH AGING OUT OF THE FOSTER CARE SYSTEM
CHILDREN'S HOSPITAL FOUNDATION AT WESTCHESTER MEDICAL CENTER, INC. - 100 WOODS ROAD TAYLOR PAVILION - SUITE C3 - VALHALLA, NY 10595	13-3940462	501(C)(3)	50,000.	0.			MEDICAL CARE AND MEDICATION FOR CHILDREN AND YOUTH WHO HAVE EXPERIENCED ACUTE SEXUAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MUSEUM OF THE ARTS 103 CHARLTON STREET NEW YORK, NY 10014	13-3520970	501(C)(3)	40,000.	0.			MUSEUM-BASED SUPERVISED VISITATION FOR AT-RISK FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM
CHILDREN'S RESEARCH TRIANGLE 70 WEST LAKE STREET STE. 1300 CHICAGO, IL 60601	36-4236142	501(C)(3)	35,000.	0.			TRAUMA-FOCUSED TREATMENT SERVICES FOR AT-RISK OR ABUSED YOUTH AND TRAINING & EDUCATIONAL CLASSES FOR
COURT APPOINTED SPECIAL ADVOCATES 48 WALL STREET SUITE 1100 NEW YORK, NY 10005	13-3172387	501(C)(3)	60,000.	0.			ADVOCACY AND TRANSITION PLANNING FOR YOUTH AGING OUT OF FOSTER CARE
COVENANT HOUSE NEW YORK/ UNDER 21, INC. - 460 WEST 41ST STREET - NEW YORK, NY 10036	13-3076376	501(C)(3)	50,000.	0.			CHILD ABUSE PREVENTION WORKSHOPS FOR HOMELESS SINGLE MOTHERS (18-21)
EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF SOUTHERN CT, THE - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1398440	501(C)(3)	50,000.	0.			HOME VISITS AND SUPPORT SERVICES FOR AT-RISK HISPANIC FAMILIES
FAMILY DEFENSE CENTER 70 E. LAKE STREET SUITE 1100 CHICAGO, IL 60601	20-3096347	501(C)(3)	17,000.	0.			LEGAL SERVICES TO MOTHERS AND CHILDREN IN THE CHILD WELFARE SYSTEM
FAMILY NURTURING CENTER 200 BOWDOIN STREET DORCHESTER, MA 02122	31-1626186	501(C)(3)	25,000.	0.			COMMUNITY-BASED PARENTING PROGRAM FOR AT-RISK PARENTS AND THEIR CHILDREN
FRONT RANGE CENTER FOR ASSAULT PREVENTION - 12113 W 83RD LANE - ARVADA, CO 80005	84-1546924	501(C)(3)	20,000.	0.			CHILD AND TEEN ASSAULT PREVENTION PROGRAM FOR CHILDREN AND YOUTH
FUND FOR THE CITY OF NEW YORK/ CENTER FOR COURT INNOVATION - 520 EIGHTH AVENUE 18TH FLOOR - NEW YORK, NY 10018	13-2612524	501(C)(3)	40,000.	0.			TRAUMA-FOCUSED THERAPY FOR CHILDREN AND YOUTH EXPOSED TO VIOLENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA CARE CONNECTION OFFICE DBA GEORGIA CARES - P.O. BOX 724197 - ATLANTA, GA 31139	46-2559433	501(C)(3)	10,000.	0.			CASE COORDINATION SERVICES FOR YOUTH CONFIRMED AS VICTIMS OF SEX TRAFFICKING
GEORGIA CENTER FOR CHILD ADVOCACY P.O. BOX 17770 ATLANTA, GA 30316	58-1762069	501(C)(3)	15,000.	0.			CHILD SEXUAL ABUSE PREVENTION EDUCATION FOR ADULTS IN THE GENERAL PUBLIC
GIRLS EDUCATIONAL AND MENTORING SERVICE - 201 WEST 148TH STREET GROUND FLOOR - NEW YORK, NY 10039	13-4150972	501(C)(3)	70,000.	0.			SUPPORT SERVICES FOR GIRLS AND YOUNG WOMEN WHO HAVE EXPERIENCED COMMERCIAL SEXUAL
HEPHZIBAH CHILDREN'S ASSOCIATION 1144 LAKE STREET OAK PARK, IL 60301	36-2167095	501(C)(3)	26,000.	0.			TRAIN STAFF TO PROMOTE CHILDREN'S HEALTHY DEVELOPMENT GIVEN THEIR EXPOSURE TO TRAUMA,
HETRICK-MARTIN INSTITUTE, INC. 2 ASTOR PLACE NEW YORK, NY 10003	13-3104537	501(C)(3)	50,000.	0.			SUPPORTIVE SERVICES (E.G. CASE MANAGEMENT AND COUNSELING) FOR AT-RISK OR ABUSED LGBTQ YOUTH
HISPANIC COUNSELING CENTER, INC. 344 FULTON AVENUE HEMPSTEAD, NY 11550	11-2592214	501(C)(3)	30,000.	0.			PSYCHOTHERAPY AND SERVICES FOR CHILDREN & YOUTH EXPOSED TO DV THERAPY, PARENTING
INTERNATIONAL ORGANIZATION FOR ADOLESCENTS - 53 W. JACKSON AVENUE SUITE 857 - CHICAGO, IL 60604	13-4093883	501(C)(3)	40,000.	0.			TRAINING AND MATERIALS FOR MENTAL HEALTH PROVIDERS ON IDENTIFYING AND SERVING HUMAN
JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES - 135 W. 50TH STREET - NEW YORK, NY 10020	13-5564937	501(C)(3)	62,500.	0.			CHILD PARENT PSYCHOTHERAPY AND ADVOCACY SERVICES FOR COURT-INVOLVED FAMILIES
JOE TORRE SAFE AT HOME FOUNDATION 483 10TH AVENUE SUITE 410 NEW YORK, NY 10018	03-0442514	501(C)(3)	40,000.	0.			COUNSELING FOR AT-RISK OR ABUSED PUBLIC SCHOOL STUDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUVENILE PROTECTIVE ASSOCIATION 1707 NORTH HALSTED STREET CHICAGO, IL 60614	36-2167765	501(C)(3)	40,000.	0.			MENTAL HEALTH SCREENING, THERAPY, COUNSELING, AND GROUPS FOR HIGH RISK PARENTS WITH YOUNG
KENNESAW STATE UNIVERSITY - DEPARTMENT OF SOCIAL WORK AND HUMAN SERVICES - 1000 CHASTAIN RD MD 0111 - KENNESAW, GA 30144-5591	37-1535589	501(C)(3)	10,000.	0.			RESEARCH INTO THE EFFECTIVENESS OF MOCK TRAINING ENVIRONMENTS ON EXISTING UNIVERSITY
KINGSBRIDGE HEIGHTS COMMUNITY CENTER - 3101 KINGSBRIDGE TERRACE - BRONX, NY 10463	13-2813809	501(C)(3)	40,000.	0.			COUNSELING AND MENTAL HEALTH SERVICES TO CHILD ABUSE SURVIVORS
LAWRENCE HALL YOUTH SERVICES 4833 N. FRANCISCO AVE. CHICAGO, IL 60625	36-2167771	501(C)(3)	40,000.	0.			PILOT RESEARCH PROGRAM FOR AN EMOTIONAL THERAPEUTIC CURRICULUM TARGETING ABUSED MALE
LYDIA HOME ASSOCIATION 4300 WEST IRVING PARK ROAD CHICAGO, IL 60641	36-1412281	501(C)(3)	40,000.	0.			SAFE, TEMPORARY HOMES FOR CHILDREN WITH FAMILIES IN CRISIS
MASSACHUSETTS CHILDREN'S ALLIANCE 14 BEACON STREET, SUITE 504 BOSTON, MA 02108	34-2006038	501(C)(3)	20,000.	0.			COMPREHENSIVE, TRAUMA-INFORMED CHILD ABUSE PREVENTION TRAINING FOR YOUTH SERVING
MY LIFE MY CHOICE 989 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2526357	501(C)(3)	20,000.	0.			MENTORING SERVICES FOR SEXUALLY EXPLOITED GIRLS
NEW ALTERNATIVES FOR CHILDREN, INC. - 37 WEST 26TH STREET - NEW YORK, NY 10010	13-3149298	501(C)(3)	70,000.	0.			MENTAL HEALTH SERVICES FOR CHILDREN & YOUTH INVOLVED IN THE CHILD WELFARE SYSTEM WHO HAVE
NEW YORK CENTER FOR CHILDREN 333 EAST 70TH STREET NEW YORK, NY 10021	95-4500244	501(C)(3)	20,000.	0.			WEEKLY INDIVIDUAL THERAPY FOR CHILDREN WHO HAVE EXPERIENCED ABUSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF THE AMERICAS NEW YORK, NY 10011	13-1624123	501(C)(3)	50,000.	0.			COMPREHENSIVE AFTERCARE SERVICES FOR FAMILIES DISCHARGED FROM THE CRISIS NURSERY (RESPITE
NEW YORK FOUNDLING HOSPITAL (FORMERLY CAPP) - 590 AVENUE OF THE AMERICAS - NEW YORK, NY 10011	13-1624123	501(C)(3)	35,000.	0.			"CHILD SAFETY WORKSHOPS FOR 8-9 YEAR OLD SCHOOL CHILDREN AND PROFESSIONAL TRAINING FOR
NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN - 161 WILLIAM STREET 9TH FLOOR - NEW YORK, NY 10038	13-1624134	501(C)(3)	60,000.	0.			THERAPY FOR CHILDREN WHO HAVE BEEN ABUSED
NORTH AMERICAN FAMILY INSTITUTE, NEW YORK REGION (NAFI-NY) - 85 EXECUTIVE BLVD. UPPER LEVEL - ELMSFORD, NY 10523	23-7378470	501(C)(3)	40,000.	0.			TREATMENT FOR PROBLEMATIC SEXUALIZED BEHAVIOR (PSB) IN FOSTER CARE YOUTH
OAK HILL - CONNECTICUT INSTITUTE FOR THE BLIND - 120 HOLCOMB STREET - HARTFORD, CT 06112	06-0669111	501(C)(3)	40,000.	0.			PSYCHOTHERAPY FOR SEXUALLY ABUSED YOUTH WITH INTELLECTUAL DISABILITY
PREVENT CHILD ABUSE PICKENS 1222-C EAST CHURCH STREET JASPER, GA 39143	58-2132470	501(C)(3)	10,000.	0.			"PARENTS AS TEACHERS" HOME VISITATION PROGRAM FOR AT-RISK PARENTS & CHILDREN
PREVENTION EDUCATION, INC. 231 LAWRENCE ROAD LAWRENCEVILLE, NJ 08648	22-2594219	501(C)(3)	40,000.	0.			CHILD ASSAULT PREVENTION SCHOOL WORKSHOPS TO STUDENTS IN PRE-K TO 8TH GRADE
PRIMO CENTER FOR WOMEN AND CHILDREN - 4241 W. WASHINGTON BLVD. - CHICAGO, IL 60624	36-2966006	501(C)(3)	40,000.	0.			HOME VISITATION AND PARENTING SKILLS PROGRAM FOR AT-RISK FAMILIES WITH YOUNG CHILDREN
SAFE CENTER LI, THE (FORMERLY COALITION AGAINST CHILD ABUSE & NEGLECT) - 15 GRUMMAN ROAD WEST SUITE 1000 - BETHPAGE, NY 11714	11-2630560	501(C)(3)	62,500.	0.			THERAPY FOR ABUSED CHILDREN FROM PRIMARILY SPANISH-SPEAKING FAMILIES AND CAREGIVER SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE HORIZON, INC. 2 LAFAYETTE STREET 3RD FLOOR NEW YORK, NY 10007	13-2946970	501(C)(3)	70,000.	0.			CHILD AND FAMILY TRAUMATIC STRESS INTERVENTION (CFTSI) FOR CHILD ABUSE VICTIMS AGES
SAFEPATH CHILDREN'S ADVOCACY CENTER, INC. - 736 WHITLOCK AVE. SUITE 600 - MARIETTA, GA 30064	58-1662987	501(C)(3)	15,000.	0.			CRISIS, FORENSIC, MENTAL HEALTH, AND MEDICAL SERVICES FOR CHILD VICTIMS OF ABUSE
SAN FRANCISCO 49ERS FOUNDATION 4949 CENTENNIAL DRIVE SANTA CLARA, CA 95054	77-0287514	501(C)(3)	525,000.	0.			PROVIDES GRANTS TO NON-PROFIT ORGANIZATIONS THAT ADDRESS ISSUES OF CHILD ABUSE AND/OR
SANCTUARY FOR FAMILIES, INC. PO BOX 1406 NEW YORK, NY 10268	13-3193119	501(C)(3)	60,000.	0.			TREATMENT & PARENTING SERVICES FOR IMMIGRANT VICTIMS OF DOMESTIC VIOLENCE AND SEX
SCO FAMILY OF SERVICES / CENTER FOR FAMILY LIFE - 443 39TH STREET - BROOKLYN, NY 11232	11-2777066	501(C)(3)	50,000.	0.			PARENTING SUPPORT GROUPS FOR AT-RISK NEWLY IMMIGRATED CHINESE PARENTS
TEEN PARENT CONNECTION 475 TAFT AVENUE GLEN ELLYN, IL 60137	36-3387034	501(C)(3)	30,000.	0.			PARENTING EDUCATION GROUPS, FOCUS GROUPS, COUNSELING, HOME VISITS, AND SUPPORT SERVICES FOR
THRESHOLDS 4101 N. RAVENSWOOD AVENUE CHICAGO, IL 60613	36-2518901	501(C)(3)	23,000.	0.			DIALECTICAL BEHAVIOR THERAPY FOR AT-RISK MOTHERS WITH SEVERE MENTAL ILLNESS AND THEIR
UNIVERSITY SETTLEMENT SOCIETY OF NEW YORK - 184 ELDRIDGE STREET - NEW YORK, NY 10002	13-5562374	501(C)(3)	40,000.	0.			HOME AND CENTER-BASED PARENT-CHILD BONDING PROGRAM FOR HIGH-RISK FAMILIES
WELLSPRING LIVING 100 EDGEWOOD AVE STE 750 ATLANTA, GA 30303	58-2614182	501(C)(3)	15,000.	0.			THERAPEUTIC CLINICAL SERVICES FOR SURVIVORS OF DOMESTIC MINOR SEX TRAFFICKING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS, THE (C/O TIDES CENTER) - 6020 S. UNIVERSITY AVENUE - CHICAGO, IL 60637	94-3213100	501(C)(3)	40,000.	0.			TRAINING FOR CHILD ADVOCATES WHO SERVE AT-RISK IMMIGRANT CHILDREN IN CUSTODY AND
YWCA OF NORTHWEST GEORGIA 48 HENDERSON STREET MARIETTA, GA 30064	58-1617782	501(C)(3)	10,000.	0.			COUNSELING, THERAPY, AND CASE MANAGEMENT FOR CHILDREN EXPOSED TO DOMESTIC VIOLENCE

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

AN ACADEMIC CONSULTANT IS HIRED IN EACH BRANCH/AFFILIATE. THEY RECEIVE AND REVIEW TWO FINANCIAL REPORTS AND TWO PROGRAM REPORTS FROM EACH CONTINUING GRANTEE ANNUALLY. FOR NEW GRANTEES, HFC REQUIRES THREE FINANCIAL REPORTS AND THREE PROGRAM REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BRIGHTON PARK NEIGHBORHOOD COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: THERAPY AND SUPPORT SERVICES FOR

Part IV Supplemental Information

AT-RISK AND ABUSED STUDENTS AND PREVENTION WORKSHOPS FOR SCHOOL STAFF AND PARENTS

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO CHILDREN'S ADVOCACY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: INTENSIVE CASE MANAGEMENT FOR FAMILIES IMPACTED BY CHILD SEXUAL ABUSE WAITING FOR MENTAL HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: CHILD CENTER OF NY

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSESSMENT, SCREENING, AND COUNSELING FOR HIGH-RISK OR ABUSED ASIAN CHILDREN AND YOUTH. OUTREACH AND PARENTING WORKSHOPS FOR ASIAN PARENTS

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S HOSPITAL FOUNDATION AT WESTCHESTER MEDICAL CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL CARE AND MEDICATION FOR CHILDREN AND YOUTH WHO HAVE EXPERIENCED ACUTE SEXUAL ABUSE/ASSAULT

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S RESEARCH TRIANGLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAUMA-FOCUSED TREATMENT SERVICES FOR AT-RISK OR ABUSED YOUTH AND TRAINING & EDUCATIONAL CLASSES FOR STAFF AND PARENTS

NAME OF ORGANIZATION OR GOVERNMENT:

GIRLS EDUCATIONAL AND MENTORING SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SERVICES FOR GIRLS AND YOUNG WOMEN WHO HAVE EXPERIENCED COMMERCIAL SEXUAL EXPLOITATION AND DOMESTIC TRAFFICKING

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HEPHZIBAH CHILDREN'S ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAIN STAFF TO PROMOTE CHILDREN'S HEALTHY DEVELOPMENT GIVEN THEIR EXPOSURE TO TRAUMA, SEPARATION, AND LOSS

NAME OF ORGANIZATION OR GOVERNMENT: HISPANIC COUNSELING CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PSYCHOTHERAPY AND SERVICES FOR CHILDREN & YOUTH EXPOSED TO DV THERAPY, PARENTING SKILLS, & SERVICES FOR DV VICTIM PARENTS

NAME OF ORGANIZATION OR GOVERNMENT:

INTERNATIONAL ORGANIZATION FOR ADOLESCENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAINING AND MATERIALS FOR MENTAL HEALTH PROVIDERS ON IDENTIFYING AND SERVING HUMAN TRAFFICKING VICTIMS IN ASIAN AMERICAN COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILD PARENT PSYCHOTHERAPY AND ADVOCACY SERVICES FOR COURT-INVOLVED FAMILIES WITH VERY YOUNG CHILDREN IN FOSTER CARE

NAME OF ORGANIZATION OR GOVERNMENT: JUVENILE PROTECTIVE ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH SCREENING, THERAPY, COUNSELING, AND GROUPS FOR HIGH RISK PARENTS WITH YOUNG CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT:

KENNESAW STATE UNIVERSITY - DEPARTMENT OF SOCIAL WORK AND HUMAN SERVICES

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH INTO THE EFFECTIVENESS OF
MOCK TRAINING ENVIRONMENTS ON EXISTING UNIVERSITY CAMPUSES FOCUSING ON
CHILD MALTREATMENT

NAME OF ORGANIZATION OR GOVERNMENT: LAWRENCE HALL YOUTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PILOT RESEARCH PROGRAM FOR AN
EMOTIONAL THERAPEUTIC CURRICULUM TARGETING ABUSED MALE WARDS

NAME OF ORGANIZATION OR GOVERNMENT: MASSACHUSETTS CHILDREN'S ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPREHENSIVE, TRAUMA-INFORMED CHILD
ABUSE PREVENTION TRAINING FOR YOUTH SERVING PROFESSIONALS

NAME OF ORGANIZATION OR GOVERNMENT: NEW ALTERNATIVES FOR CHILDREN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH SERVICES FOR CHILDREN
& YOUTH INVOLVED IN THE CHILD WELFARE SYSTEM WHO HAVE COMPLEX SOCIAL AND
HEALTHCARE NEEDS

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK FOUNDLING HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPREHENSIVE AFTERCARE SERVICES FOR
FAMILIES DISCHARGED FROM THE CRISIS NURSERY (RESPITE CARE)

NAME OF ORGANIZATION OR GOVERNMENT:

NEW YORK FOUNDLING HOSPITAL (FORMERLY CAPP)

(H) PURPOSE OF GRANT OR ASSISTANCE: "CHILD SAFETY WORKSHOPS FOR 8-9 YEAR
OLD SCHOOL CHILDREN AND PROFESSIONAL TRAINING FOR SCHOOL STAFF.

NAME OF ORGANIZATION OR GOVERNMENT:

SAFE CENTER LI, THE (FORMERLY COALITION AGAINST CHILD ABUSE & NEGLECT)

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THERAPY FOR ABUSED CHILDREN FROM
PRIMARILY SPANISH-SPEAKING FAMILIES AND CAREGIVER SUPPORT GROUPS

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HORIZON, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILD AND FAMILY TRAUMATIC STRESS
INTERVENTION (CFTSI) FOR CHILD ABUSE VICTIMS AGES 7 AND OLDER, AND THEIR
CAREGIVERS

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO 49ERS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GRANTS TO NON-PROFIT
ORGANIZATIONS THAT ADDRESS ISSUES OF CHILD ABUSE AND/OR NEGLECT IN THE
BAY AREA

NAME OF ORGANIZATION OR GOVERNMENT: SANCTUARY FOR FAMILIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TREATMENT & PARENTING SERVICES FOR
IMMIGRANT VICTIMS OF DOMESTIC VIOLENCE AND SEX TRAFFICKING AND THEIR
CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: TEEN PARENT CONNECTION

(H) PURPOSE OF GRANT OR ASSISTANCE: PARENTING EDUCATION GROUPS, FOCUS
GROUPS, COUNSELING, HOME VISITS, AND SUPPORT SERVICES FOR AT-RISK
ADOLESCENT FATHERS

NAME OF ORGANIZATION OR GOVERNMENT: THRESHOLDS

(H) PURPOSE OF GRANT OR ASSISTANCE: DIALECTICAL BEHAVIOR THERAPY FOR
AT-RISK MOTHERS WITH SEVERE MENTAL ILLNESS AND THEIR YOUNG CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

YOUNG CENTER FOR IMMIGRANT CHILDREN'S RIGHTS, THE (C/O TIDES CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TRAINING FOR CHILD ADVOCATES WHO
SERVE AT-RISK IMMIGRANT CHILDREN IN CUSTODY AND HELPLINE FOR IMMIGRANT
CHILDREN

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**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HEDGE FUNDS CARE INC.

Employer identification number

43-1959796

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment for or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approved by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

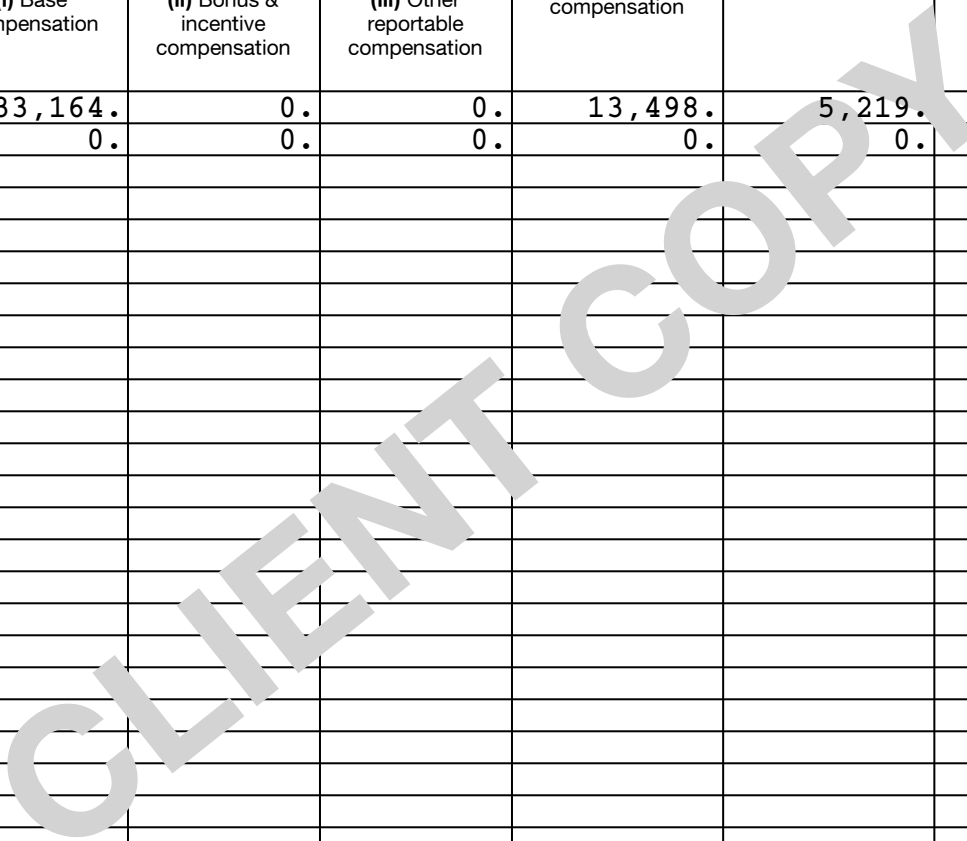
Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHRYN CONROY OUTGOING CEO/EXECUTIVE DIRECTOR	(i)	133,164.	0.	0.	13,498.	5,219.	151,881.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HEDGE FUNDS CARE INC.

Employer identification number

43-1959796

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)	X	43	114,573.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2015)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

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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 www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

HEDGE FUNDS CARE INC.

Employer identification number

43-1959796

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

GENERALLY GRANTS THE FUNDS RAISED AT EACH EVENT WITHIN THE LOCAL REGION
TO ORGANIZATIONS SELECTED AND EVALUATED ON THE BASIS OF THEIR ABILITY
TO ADDRESS CHILD ABUSE.

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

FORM 990 APPROVED BY THE BOARD MEMBERS OF THE AUDIT COMMITTEE.

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

EVERY MEMBER OF THE BOARD OF DIRECTORS AND OFFICERS RECEIVE A CONFLICT OF
INTEREST FORM TO SIGN EACH JANUARY. FOLLOW-UP IS PERFORMED TO ENSURE THAT
ALL FORMS ARE SIGNED.

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

EXECUTIVE DIRECTOR'S PERFORMANCE IS REVIEWED ANNUALLY BY THE OFFICERS AND
CHAIRMAN EMERITUS OF THE BOARD. A PERFORMANCE APPRAISAL WAS PROVIDED AND A
SALARY SURVEY WAS REVIEWED. SALARY INCREASE WAS APPROVED BY THE OFFICERS
AND CHAIRMAN EMERITUS OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON
REQUEST.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCES DID NOT CHANGE FROM PRIOR YEAR.

Name of the organization HEDGE FUNDS CARE INC.	Employer identification number 43-1959796
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FORM 990, PART V, 2A:

EMPLOYEES ARE PAID THROUGH A THIRD PARTY PCI LLC EIN: 54-2122473 AND DID NOT RECEIVE A W-2 FROM HFC.

FORM 990, PART V, 2A:

EMPLOYEES ARE PAID THROUGH A THIRD PARTY (PCI EIN: 54-2122473) AND DID NOT RECEIVE A W-2 FROM HEDGE FUNDS CARE.

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