#### CFILDAID 05/06/2010 5:55 AM

# Form **990**

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009
Open to Public Inspection

A	For the 2009	calendar ye	ar, or tax year beginning , and ending			
В	Check if applicab		C Name of organization		D Emplo	oyer identification number
	Address change	use IRS label or	CHILD AID			
X	Name change	print or	Doing Business As		33-	-0317937
	Initial return	type. See	Number and street (or P.O. box if mail is not delivered to street address)	1		none number
=	Termination	Specific	917 SW OAK	320	503	3-223-3008
		Instruc- tions.	City or town, state or country, and ZIP + 4 PORTLAND OR 97205	-	G Gross rece	eipts \$ 997,767
$\equiv$	Amended return	E Nome	PORTLAND OR 97205 and address of principal officer:		Li/a\ I- #st-	
الــا	Application pend	ling   Talli	and addition of philosper officer.		n(a) is this affiliate	a group return for es? Yes X No
					H(b) Are all	affiliates
					include	attach a list. (see instructions)
1	Tax-exempt s		501(c) ( <b>3</b> ) <b>◄</b> (insert no.) 4947(a)(1) or 527			and a ser (555 mendenting)
	Website: >		HILD-AID.ORG		H(c) Group	exemption number
77.77.75 PA	Type of organiza			ear of formation: 19	88	M State of legal domicite: CA
F	art I	Summar				
		•	ne organization's mission or most significant activities:	IIDOHOH BR		****************
ce	7		'S MISSION IS TO CREATE LASTING OPPORTUNITIES T FOR LATIN AMERICA'S POOREST CHILDREN. WE WORK W			
nan	2		PRIMARILY IN INDIGENOUS COMMUNITIES, TO CONDUC			OCAL
Governance	1		if the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operation discontinued its o			**************
တိ			members of the governing body (Part VI, line 1a)			11
SS &			ndent voting members of the governing body (Part VI, line 1b)	1 4 4 5 5 7 Park 4 4 7 4 4 4 4		11
Activities			mployees (Part V, line 2a)			4
Acti	6 Total	number of v	olunteers (estimate if necessary)		6	19
	7a Total	gross unrela	ited business revenue from Part VIII, column (C), line 12		7a	
	b Net u	nrelated bus	iness taxable income from Form 990-T, line 34		. 7b	0
	O Contr	ibutions and	grants (Part VIII line 1h)	Prior Year 1 , 482		Current Year 638,536
ine			grants (Part VIII, line 1h) evenue (Part VIII, line 2g)	1,402	,300	038,330
Revenue			e (Part VIII, column (A), lines 3, 4, and 7d)	75	,639	48,116
S.			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			= 7
	12 Total	revenue – a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,558	,219	686,652
			r amounts paid (Part IX, column (A), lines 1–3)	1,145	,119	306,839
		•	for members (Part IX, column (A), line 4)			
S	15 Salari	ies, other co	mpensation, employee benefits (Part IX, column (A), lines 5–10)	141	,338	194,146
enses	16a Profe	ssional fund	raising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25)   61,206			
Expe	<b>b</b> Total	fundraising	expenses (Part IX, column (D), line 25)   61,206	240	425	001 400
ш			Part IX, column (A), lines 11a–11d, 11f–24f)  dd lines 13–17 (must equal Part IX, column (A), line 25)	1,535	,435	231,488 732,473
			enses. Subtract line 18 from line 12		,327	-45,821
٦ <u>٢</u>	13 11010	ride less exp	Sheed Captiage into the north and 12	Beginning of Curre		End of Year
Net Assets or	1	assets (Par			,813	1,101,315
et As	.1		rt X, line 26)		,179	14,738
			balances. Subtract line 21 from line 20	866	,634	1,086,577
· F	art II	Signatur				
		and belief, it	es of perjury, I declare that I have examined this return, including accompanying schedules and s true, correct, and complete. Declaration of preparer (other than officer) is based on all informa	istatements, and to	o the best o arer has any	r my knowledge / knowledge.
Sig	ın	N	hard Carroll		15	-6-10
He		Signatu	e of officer		Date	
		cons.	hard T. Carroll, Treasurer			
		Type or	print name and title			
De:	d	Preparer's	Date	Check if self-	<u></u>	Preparer's identifying number (see instructions)
Pai	eparer's	signature	James Mulium 5/6/	10 employe	d ▶	
	e Only	Firm's name	or yours JAMES E. RICHMAN, CPA, PC		EIN >	
ų,oʻ	Ciny	if self-employ address, and			Phone	E02 005 0700
NA=:	the IDC die		ZIP+4 PORTLAND, OR 97258 urn with the preparer shown above? (see instructions)	9-1-0	no.	X Yes No
WIH	COP ISS DIS	COLOR BUILD LE	IIII WIII AIG DIGDUIGI DIIVWII UDUVE ( 1365 IIISII IIGIUIIS)			A TES NO

Form 990 (2009)

) (Revenue \$

including grants of \$

605,285

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses >

(Expenses \$

#### Form 990 (2009) CHILD AID 33-0317937 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II $\mathbf{X}$ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," $\mathbf{X}$ 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV $\mathbf{X}$ Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more. of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.

Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States?

by Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 15 16

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  $\mathbf{x}$ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets

 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009)

12

13

14a

X

X

#### Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV $\mathbf{x}$ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 $\mathbf{X}$ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. X Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 6 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X blur If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X If "Yes," enter the name of the foreign country: ▶ GUATEMALA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? a Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 8 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities bi 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 3 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2009)

Form 990 (2009) CHILD AID 33-0317937 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body 1a Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? X Does the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AZ, CA, CT, FL, IL, MA, ME, MD, MI, CO, NJ, NY, NC 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 

RICHARD CARROLL 917 SW OAK STREET, SUITE 208

OR 97205

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

(A) Name and Title	(B) Average	Pos	ition (		C) k all t	that ap	oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RICHARD CARROLL,	PHD						İ		_	/
SFC/TR/CEO	20.00	X		X			-	0	0	
ROBERT COSTELLO, VICE PRES	ло 3.00	х		ж				0	0	
RET.COL.EUGENE ET										
BOARD MEMBER	1.00	X	_		_			0	0	. 2017
CATHERINE GEDDRY-		۱,,								i
BOARD MEMBER	2.00	X					-	0	0	,
RITA JIMENEZ, MLS	2.00	x						o	0	
BOARD MEMBER HOLLY JIMISON, PH		^							<u> </u>	
BOARD MEMBER	2.00	x						o	o	
MISHA PAVEL	2.00							J		-
BOARD MEMBER	1.00	x						0	0	
NANCY PRESS, PHD										
PFESIDENT	10.00	X		X				0	0	
DAN REGAN										
BCARD MEMBER	2.00	X						0	0	
DONALD SODO										
BCARD MEMBER	2.00	X						0	0	
LAURA TARBOX, CFP										
BCARD MEMBER	2.00	X		-				0	0	
SAM HENDRICKS	40.00			x				36,383	0	6 16
EXEC DIR ROBERT VESELY	40.00	-		4%				30,363	U	6,16
EXEC DIR	40.00			x				35,346	0	9,82
CJ SANTIAGO										
OFFICE MANAGER	35.00	-		X				35,000	0	9,08
	' ' 0									

Form 990 (2009) CHILD AID

	(A) Name and Title	(B) Average	Pos	ition (	(C) chec		hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
2.		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
31 10											
9 /	232-7232- <b>7</b> 25348224124017772542										
	*************************										
7.0	5 - 1 - 2 2 5 - 4 4 5 5 2 7 2 8 3 7 4 2 + 6 + 4 - 1 7 - 1 - 1										
,	A 4 · 2 · · 2 · · · · · · · · · · · · · ·										
1 -		-									
3.5	######################################										,
• •											
1b	Total		<u>.</u>						106,729		25,06
3	Total number of individuals (incl reportable compensation from th  Did the organization list any forr employee on line 1a? If "Yes," c For any individual listed on line	ne organization ner officer, dire omplete Sched 1a, is the sum o	ector o	r trus	stee, uch in	key ndivid	emp dual nsati	loyee	e, or highest compensated		Yes N
5.	the organization and related org individual Did any person listed on line 1a	receive or accr	ue coi	mpei	nsati	on fr	om a	ny u	nrelated organization for	· · · · · · · · · · · · · · · · · · ·	
Se	services rendered to the organizetion B. Independent Contractor	To lead to the last of	COLLID	nete	JUITE	-uule	5 J 10	suc	DI PERSON	*******************	5   2
1	Complete this table for your five compensation from the organization	highest compe	nsate	d ind	eper	nden	t con	tract			
	Name and b	(A) usiness address				-	,,		Description	(B) on of services	(C) Compensation
-	<del></del>								,		,
-		-	400		ω ή c						
ibe.											
			,					Ú			
				_		_					

P	art V	III Statement of Rev	enue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	1a					
Contributions, gifts, grants	b	Membership dues	1b					
S, C	С	Fundraising events	1c					
ie High	d	Related organizations						
JS,	е	Government grants (contributions)	1e					
tion	f	All other contributions, gifts, grants,						
ibu		and similar amounts not included above	1f	638,536				
tr.	g	Noncash contributions included in lines 1	a-1f: \$	208,248				
ပို်	h	Total. Add lines 1a-1f			638,536			
				Busn. Code	*******************			-
len!	2a	* ************************************						
Re	b							
<u>:</u>	С					-		
Ser.	d			A COLUMN TO THE PARTY OF THE PA				· · · · · · · · · · · · · · · · · · ·
Ē	e							
Program Service Revenue	f	All other program service rev						
P	1	Total. Add lines 2a–2f		The second secon				
	1	Investment income (including						
		other similar amounts)			39,085			39,085
	4	Income from investment of ta	x-exempt	bond proceeds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross Rents						
	ь	Less: rental exps.						
		Rental inc. or (loss)						
		Net rental income or (loss)						
	7a	Gross amount from (i) Securit		(ii) Other				
		sales of assets other than inventory 320	,146					
	b	Less: cost or other		-				
		basis & sales exps. 31:	1,115					
	С	Gain or (loss)	9,031					
		Net gain or (loss)			9,031	9,031		
-	1	Gross income from fundraising ev						
nue		(not including \$						
e Ve		of contributions reported on line 1						
Ϋ́		See Part IV, line 18	a					
Other Revenu	b	Less: direct expenses	b[					
0	1	Net income or (loss) from fun		events			876 WO CO	
	9a	Gross income from gaming activit	ies.			79.92		
		See Part IV, line 19	а _					
	b	Less: direct expenses						
	С	Net income or (loss) from gar	ning acti <u>v</u>	vities				
	10a	Gross sales of inventory, less	;	ĺ				
		returns and allowances	, , a	1,			- 10	
	b	Less: cost of goods sold						
	c	Net income or (loss) from sale	es of inve	entory				
		Miscellaneous Reven	ue	Busn. Code				
	11a			******				
	b	* *********************	a <b>t</b> a 1 1 1 1 1 1 1 1	******				
	С		*******	*****				
		All other revenue			ļ			
	е	Total. Add lines 11a-11d						
_	12	Total Revenue. See instructi	ons		686,652	9,031	0	39,085
								Form 990 (2009)

### 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) but are not required to complete columns (B), (C), and (D).

	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising
1	Grants and other assistance to governments and		одроново	general expenses	expenses
1	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	į			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	306,839	306,839		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	131,799	79,079	39,540	13,18
6	Compensation not included above, to disqualified		- 223		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	41,166	10,712	4,116	26,33
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)		×		
9	Other employee benefits	8,737	5,351	848	2,53
10	Payroll taxes	12,444	6,264	3,049	3,13
11	Fees for services (non-employees):				
3	Management,				
b	Legal				
C	Accounting	13,950	8,370	4,185	1,39
t	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
8	Investment management fees				
9	Other	115,395	111,338	3,043	1,01
12	Advertising and promotion				
13	Office expenses	40,136	29,066	5,348	5,72
14	Information technology				
15	Royalties				
16	Occupancy	8,640	5,634	2,067	93
17	Travel	39,734	35,944	2,157	1,63
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			2	
19	Conferences, conventions, and meetings	7,486	5,028	471	1,98
20	Interest		_		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	330		330	
23	Insurance				
24	Other expenses. Itemize expenses not		6.		
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	3,203	18	9	2 17
1	LICENSES & FEES	2,614	1,642	819	3,17 15
	BANK FEES	2,014	1,042	019	13
					×10
	All other expanses				
25	All other expenses  Total functional expenses. Add lines 1 through 24f	732,473	605,285	65,982	61,20
25 26	Joint costs. Check here if following	132,413	003,203	03,902	01,20
20	SOP 98-2. Complete this line only if the		}		
	organization reported in column (B) joint costs				
	from a combined educational campaign and		1		

-om 99			33	-0317937		Page <b>11</b>
Part )	Salance Sheet		, , ,	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			95,828	1	70,825
2	Savings and temporary cash investments			148,909	2	232,539
3	Pledges and grants receivable, net			12,300	3	
4	Accounts receivable, net	A. D.	.,,,,,,,,,,,,,,,		4	
5	Receivables from current and former officers, directors, ti	rustees, key				
	employees, and highest compensated employees. Comp	lete Part II of	21			200
	Schedule L				5	
6	Receivables from other disqualified persons (as defined u	under section				
	4958(f)(1)) and persons described in section 4958(c)(3)(E	B). Complete				
	Part II of Schedule L				6	
Assets 8	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·		11,867	7	8,136
S 8	Inventories for sale or use	***********			8	
⋖   9	Prepaid expenses and deferred charges	************	. * * * * * * * * * * * * * * * * * *	1,108	9	3,566
10a	Land, buildings, and equipment: cost or	· · · · · · · · · · · · · · · · · · ·	************			
	other basis. Complete Part VI of Schedule D	10a	2,579	0		
b	Less: accumulated depreciation		2,248	661	10c	331
11	Investments—publicly traded securities		,	610,140	11	785,918
12	Investments—other securities. See Part IV, line 11	*************			12	
13	Investments—program-related. See Part IV, line 11	*************			13	, v
14	Intangible assets				14	
15	Other assets. See Part IV, line 11	********	E REPRESENTATION		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			880,813	$\overline{}$	1,101,315
17	Accounts payable and accrued expenses			14,179		14,738
18	Grants payable	331201044	configurations of the second s		18	
19	Deferred revenue	s e e e e e e e e e e e e e e e e e e e	Fallen A. Belle Andrews C. C. C. C.		19	
20	Tax-exempt bond liabilities	A Z E Z SISIS SOCIES SI PI SESSE	Charles Carle V Charles		20	
	Escrow or custodial account liability. Complete Part IV of	Schedule D			21	
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Payables to current and former officers, directors, trustee					
<u> </u>	employees, highest compensated employees, and disqua	•				
<u> </u>	marana Carantata Dort II of Cabadula I		8		22	
23	Secured mortgages and notes payable to unrelated third	narties			23	
24	Unsecured notes and loans payable to unrelated third par	ties		· · · · · · · · · · · · · · · · · · ·	24	
25	Other liabilities. Complete Part X of Schedule D	The state of the s	5 2 3 3 4 3 4 3 4 3 4 3 4 4	- X-R	25	
26	Total liabilities. Add lines 17 through 25	C 14		14,179	26	14,738
_	Organizations that follow SFAS 117, check here					
27 28 28	complete lines 27 through 29, and lines 33 and 34.					
g 27	Unrestricted net assets		ľ	711,870	27	840,031
ස   28	Temporarily restricted net assets			154,764	28	246,546
29	\$25.00 F 10 10 10 10 10 10 10 10 10 10 10 10 10				29	
29	Organizations that do not follow SFAS 117, check her	'e ▶				
-	and complete lines 30 through 34.					
o 30	Conital atook or trust principal or ourront funda		8		30	
31	Paid-in or capital surplus, or land, building, or equipment f	fund			31	
32	Retained earnings, endowment, accumulated income, or	other funds			32	20
30 31 32 33 34				866,634		1,086,577
34	Total net assets or fund balances  Total liabilities and net assets/fund balances			880,813		1,101,315
34	Total habilities and het assets/fullu balances	**** <u>****</u> ***		500,013	54	Eorm 990 (2000

Form **990** (2009)

FUITI	1 990 (2009) CITHE ATE	33-031/93/		Pa	ge <b>12</b>
Pa	art XI Financial Statements and Reporting				30
5,				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other			
-	If the organization changed its method of accounting from a prior year or checked "Other	," explain in			
j.	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent ac	countant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsib	ility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent	ent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the ta	x year, explain in			
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for	or the year were			
	issued on a consolidated basis, separate basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis	asis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audit	s as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did	not undergo the			
2	required audit or audits, explain why in Schedule O and describe any steps taken to under	ergo such audits.	3b		
			Forr	990	(2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number CHILD AID 33-0317937

P	art I	Reas	on for Public Charit	ty Status (All organizati	ons must c	omplete	e this p	part.) S	ee ins	structio	ns.		
The	organ			use it is: (For lines 1 through 11								10	
1				ssociation of churches describe			A)(i).						
2				1)(A)(ii). (Attach Schedule E.)			7.7						
3	П			vice organization described in	section 170(b	)(1)(A)(iii	١.						
4				ted in conjunction with a hospita				\/ \alpha\/iii\	Enter ti	ne hoenit	al'e namo		
		city, and stat		To a moon and that a noopia	ar accompca ii	Section	170(2)(1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Litter	ic nospiti	ars name,		
5		• •	**************	it of a college or university own	ed or operated	lby a gov	ernment	al unit de		i i i i i i i i i i i i i i i i i i i	*********		
	L		(b)(1)(A)(iv). (Complete Pa		ed of operated	i by a gov	emment	ai uiiit ut	escribed	1 111			
6						(E.) (A) (A) (	-						
	X			governmental unit described in									
7	Λ			a substantial part of its support	from a govern	imental ur	nit or froi	m the ge	neral pu	plic			
			section 170(b)(1)(A)(vi).	`									
8				170(b)(1)(A)(vi). (Complete P									
ð				(1) more than 33 1/3 % of its s									
				empt functions—subject to certa						f its			
				and unrelated business taxable			11 tax) fi	rom busi	nesses				
				30, 1975. See section 509(a)(									
10	Н			d exclusively to test for public s									
11	Ш			d exclusively for the benefit of,									
				orted organizations described in						tion			
				s the type of supporting organiz									
		a Type		c Type III–Fund	• •		d		e III–Ot	her			
е				rganization is not controlled dire									
				rs and other than one or more p	publicly suppo	rted organ	izations	describe	ed in sec	ction			
			section 509(a)(2).										
f				termination from the IRS that it	is a Type I, T	ype II, or T	Type III s	supportin	ıg				
			check this box						। ক জুলাকা কুমেন কুম	MATERIAL STREET			
g		Since August	t 17, 2006, has the organiz	ation accepted any gift or contr	ibution from a	ny of the							
		following per	sons?						4.				
		(i) A persor	n who directly or indirectly	controls, either alone or togethe	er with person	s describe	ed in (ii)					Yes	No
1		and (iii) l	below, the governing body	of the supported organization?					******	en en de Sin El des des des	11g(i)		
		, ,	member of a person desc								11g(ii)		
		(iii) A 35% c	ontrolled entity of a persor	n described in (i) or (ii) above?							11g(iii)		
h				the supported organization(s).									
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did	ou notify	(vi)	Is the	(vii) Amo	ount of	
Ĭ	orga	anization		(described on lines 1–9	1	isted in your		nization in of your	organizat	ion in col. zed in the	supp	ort	
				above or IRC section (see instructions)	governing	document?	1 ''	port?		S.?			
				(===	Yes	No	Yes	No	Yes	No			
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ot	II												

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

18

33-0317937 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 867,074 519,214 1,690,403 1,482,580 638,536 5,197,807 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 Total. Add lines 1 through 3 867,074 519,214 1,690,403 1,482,580 638,536 5,197,807 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) 385,890 Public support. Subtract line 5 from line 4 4,811,917 Section B. Total Support (alendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 867,074 519,214 1,690,403 1,482,580 638,536 5,197,807 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 27,031 sources ... 34.987 40,651 45,440 39,085 187,194 9 Net income from unrelated business activities, whether or not the business is 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 5,385,001 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 89.36% Public support percentage from 2008 Schedule A, Part II, line 14 15 89.83% 33 1/3 % support test—2009. 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 33 1/3 % support test—2008. 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 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (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 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 Total. Add lines 1 through 5 6 Amounts included on lines 1, 2, and 3 7: received from disqualified persons 43 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2008 Schedule A, Part III, line 17 18 33 1/3 % support tests—2009. 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 33 1/3 % support tests—2008. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Sche	edule A ( art IV	Supple	990-EZ) 2009 mental Inf	ormation. (	Complete th	is part to p	rovide the	explanation	33-03 s required by F	Port II line 40.	Page 4
	A TO ITT						any other	<u>additional i</u>	nformation. Se	e instructions.	<del></del>
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g . t . s			**********	**********	2 1 2 9 2 4 2 9 F 5 6 F 5	• • • • • • • • • • • • • • • • • • •	444444444	*** * * * * * * * * * * * * * * * * * *		ere erre pe pe percer i an origina	· V·4 · · · · ·

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

IVai	ile of the organization		Employer identification number
- (	CHILD AID		22 021 000
F	Organizations Maintaining Donor Advised Fund	ds or Other Similar Funds or Ac	33-0317937 counts. Complete if
-	the organization answered "Yes" to Form 990, F	Part IV, line 6.	
	Table	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	4	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	. 1991-1941-1 , and at one of your		
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	
0	funds are the organization's property, subject to the organization's exclusi	ive legal control?	Yes No
6	and donor advisors in wr	iting that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other	∞
В	purpose conferring impermissible private benefit?  Conservation Easements. Complete if the organization		Yes No
1	The organization of the or	nization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all Preservation of land for public use (e.g., recreation or pleasure)		
	Protection of natural habitat	Preservation of an historically impo	
	Preservation of open space	Preservation of certified historic str	ructure
2			
•	Complete lines 2a through 2d if the organization held a qualified conserval easement on the last day of the tax year.	tion contribution in the form of a conservati	ion
	, , , , , , , , , , , , , , , , , , , ,		600000000
a	Total number of conservation easements		Held at the End of the Tax Year
b	Total acreage restricted by conservation easements		
C	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure include	din (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06	su III (a)	
3	Number of conservation easements modified, transferred, released, exting	uiched erterminated by the	2d
	the taxable year	dished, or terminated by the organization (	during
4	Number of states where property subject to conservation easement is loca	ted >	
5	Does the organization have a written policy regarding the periodic monitori	ng inspection handling of	
	violations, and enforcement of the conservation easements it holds?	ng, mapection, nanding of	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year	Yes No
		conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons	servation easements during the year	
	<b>▶</b> \$	and see seements during the your	
8	Does each conservation easement reported on line 2(d) above satisfy the r	requirements of section	
	470(b)(4)(D)(i) 1 1i 470(b)(4)(D)(ii) 0		Voe No
9	In Part XIV, describe how the organization reports conservation easements	in its revenue and expense statement, an	nd
	balance sheet, and include, if applicable, the text of the footnote to the orga	unization's financial statements that describ	Des .
000000000	the organization's accounting for conservation easements.		
ŀа	organizations Maintaining Collections of Art, Hi. Complete if the organization answered "Yes" to F	storical Treasures, or Other Sim	nilar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its		
	art, historical treasures, or other similar assets held for public exhibition, ed	revenue statement and balance sheet wo	orks of
	provide, in Part XIV, the text of the footnote to its financial statements that of	describes those items	ic service,
5	If the organization elected, as permitted under SFAS 116, to report in its rev	venue statement and halance shoot works	of out
	historical treasures, or other similar assets held for public exhibition, educat	tion, or research in furtherance of public as	or art <sub>t</sub>
	provide the following amounts relating to these items:	assi, or research in furtherance of public se	sivice,
	(i) Povonuos included in Form 000 Port VIII (in a 4		<b>₽</b> €
	/ii) Appete in all ded in France COO D. 1 V	**************************************	
2	If the organization received or held works of art, historical treasures, or other	er similar assets for financial gain provide t	*
	following amounts required to be reported under SFAS 116 relating to these	e items:	
a	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b.	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	* \$

SCH	ledule D (Form 990) 2009 CHILD ALD				33-03.			F	age 2
P	art III Organizations Maintaining (	Collections of Art,	Historical Treas	sures, o	r Other Si	nilar Assets	(contin	ued)	
3		and other records, chec	k any of the following	g that are	a significant u	se of its			
200	Public exhibition	d Loan	or exchange progra	ms					
Ř	Scholarly research	e Othe							
Ł	Preservation for future generations						-		
4	Provide a description of the organization's colle Part XIV.	ctions and explain how th	ney further the organi	ization's e	exempt purpos	e in			
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	eceive donations of art, he maintained as part of the	istorical treasures, or ne organization's coll	r other sin	nilar		T v		N.
þ	art IV Escrow and Custodial Arrar	gements Comple	te if the organiz	ation ar	newared "V	os" to Form	T	es _	No
ediocek 	IV, line 9, or reported an am	ount on Form 990	Part X line 21	adon ai	iswered i	63 10 1 0111	1 990, Fai	·	
12	Is the organization an agent, trustee, custodian			r canata n	not .				
1									7
	included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIV an	d complete the fellowing			*********		.,,. [ Y	es	No
1	I Tes, explain the arrangement in Falt AIV all	a complete the following	table:						
	Declarity half						Amour	it	
٥	Beginning balance	****************	\$888.84682	2 * * * * * * * * *	********	1c			
C	Additions during the year		8 & & 7 <b>8</b> & 7 7 1 4 5 7 7 7 7 7 7 9 9		********	1d			
9	Distributions during the year		********		*********	1e			
1	Ending balance		,	*******	********	1f			
29	Did the organization include an amount on Form	990, Part X, line 21?	***************				Υ.	es	No
10	If "Yes," explain the arrangement in Part XIV.								
T.	art V Endowment Funds. Comple	te if organization a	nswered "Yes" t	o Form	990, Part	V, line 10.			
- 1		(a) Current year	(b) Prior year			(d) Three years b	ack (e) Fou	r years	back
1 a	Beginning of year balance								
b	Contributions					e <sub>e</sub>			
c	Net investment earnings, gains,								
- 1	and losses				94				
d	Grants or scholarships		4.0						
	Other expenditures for facilities								
	·								
	and programs								
	Administrative expenses								
ม	End of year balance								
2	Provide the estimated percentage of the year en	d balance held as:							
3	Board designated or quasi-endowment	%	ε						
D	Permanent endowment %								
9	Term endowment ► %								
3a	Are there endowment funds not in the possession	on of the organization that	t are held and admin	istered for	r the				
	organization by:							Yes	No
	(i) unrelated organizations	CARTO REGALARIA		****			3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Scheo	dule R?				3b		
4	Describe in Part XIV the intended uses of the organization	ganization's endowment	funds.						
Pa	art VI Investments—Land, Building			), Part )	X, line 10.	,	-		
-	Description of investment	(a) Cost or other basis	(b) Cost or ot		(c) Accur	nulated	(d) Book	value	-
		(investment)	basis (other	r)	depred		. , .		
1a	Land								
	Buildings				<u>v </u>	022000000000000000000000000000000000000	k		
Į	Leasehold improvements							-	
I	Equipment		2	,579	****	2,248			331
3	Other			, , , , ,		2,230	477		J J T
ofa	I. Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part V colum	nn (B) line 10(c) \					-	331
υtā	ar add anod to anodge to to toolunin (d) must equa	in a only 550, Fart A, Colur	ini (D), ine TO(C).)			P			7.7.T

Part X, line 12.  (b) Book value	33-031/93/ Page
(b) Book value	
	(c) Method of valuation:
	Cost or end-of-year market value
Part X, line 13.	
(b) Book value	(c) Method of valuation:
	Cost or end-of-year market value
*	
	(b) Book value
	12) Dook value
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(b) Amount	
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	Part X, line 13. (b) Book value  (b) Amount

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Schedule D (Form 990) 2009

	ule D (Form 990) 2009 CHILD AID		33-0317937	Page 4
Par	XI Reconciliation of Change in Net Assets from Form	990 to Audited Fi	nancial Statements	, ago :
	Total revenue (Form 990, Part VIII, column (A), line 12)		1	686,652
2	Fotal expenses (Form 990, Part IX, column (A), line 25)		2	732,473
J . I	excess or (deficit) for the year. Subtract line 2 from line 1		3	-45,821
4	Net unrealized gains (losses) on investments		4	265,764
5 [	Donated services and use of facilities	**********	5	
6 !	nvestment expenses		6	
7 F	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9 7	Total adjustments (net). Add lines 4 through 8		9	265,764
10 E	xcess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	219,943
Fari	XII Reconciliation of Revenue per Audited Financial St	atements With Re	evenue per Return	
1. T	otal revenue, gains, and other support per audited financial statements	200	1	952,416
2 A	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 6 16 2 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to all the last at	
a 1	Net unrealized gains on investments	2a	265,764	
þ E	Oonated services and use of facilities	2b		
, c F	Recoveries of prior year grants	2c		
d C	Other (Describe in Part XIV.)	2d		
e A	odd lines 2a through 2d		2e	265,764
73 S	Subtract line <b>2e</b> from line <b>1</b>		3	686,652
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:			
æa. Ir	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
) C	Other (Describe in Part XIV.)	4b		
: Д	dd lines <b>4a</b> and <b>4b</b>		4c	
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	686,652
	XIII Reconciliation of Expenses per Audited Financial S		xpenses per Return	
1 T	otal expenses and losses per audited financial statements		1	732,473
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25:			
a D	onated services and use of facilities	2a		
b P	rior year adjustments	2b		
	Other losses			
d C	Other (Describe in Part XIV.)	2d		
e A	dd lines 2a through 2d		2e	
3 S	ubtract line 2e from line 1		3	732,473
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1:			
ı İr	vestment expenses not included on Form 990, Part VIII, line 7b	4a		
	other (Describe in Part XIV.)	41-		
A	dd lines <b>4a</b> and <b>4b</b>	and the second s		
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.		5	732,473
Fart	XIV Supplemental Information			
comple	te this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	rt III, lines 1a and 4; Pa	rt IV, lines 1b	
	Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part			
	to provide any additional information.		•	
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			Schedul	e D (Form 990) 2009

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	Par	t XI	IV.	Sı	upp	len	nen	tal	Info	orm	ati	on	(co	ntir	nue	d)																						
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Schedule D (Form 990) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number CHILD AID 33-0317937 General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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? For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total offices in the employees or region (by type) (i.e., a program service, expenditures for region agents in fundraising, program services, describe specific type of region region grants to recipients located in service(s) in region the region) MORTH AMERICA GRANT 124,459 HORTH AMERICA PROGRAM SERVICES ORGANIZATION 34,637 CENTRAL AMERICA & CARRIBEAN PROGRAM SERVICES TRAINING 175,645 CENTRAL AMERICA & CARRIBEAN PROGRAM SERVICES ORGANIZATION 95,714 CENTRAL. AMERICA & CARRIBEAN 6 GRANT 174,830 CENTRAL AMERICA & CARRIBEAN PROGRAM SERVICES VOLUNTEER

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

Schedule F (Form 990) 2009

605,285

CANA	to Form 990,	(i) Method of valuation (book, FMV,	appraisal, other)			FMV							
	swered "Yes" n n \$5,000	(h) Description of non-cash assistance				BOOKS							
	organization ans ceived more tha	(g) Amount of non-cash assistance	FER	FER	FER	123.521						f	1
	complete if the	(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER				**				
33-0317937	United States. C k this box if no o	(e) Amount of cash grant	106,485	39,972	27,500	9,361							
	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □ Use Schedule F-1 (Form 990) if additional space is needed.	(d) Purpose of grant	AUDIOLOGY SERVICES	LITERACY SERVICES AMERICA & CARRIBEAN	EDUCATIONAL SERVICES AMERICA & CARRIBEAN	LITERACY SERVICES AMERICA & CARRIBEAN							
	nce to Organiza sipient who rece 190) if additiona	(c) Region	NORTH AMERICA	CENTRAL AM	CENTRAL AM	CENTRAL AM							
CHILD AID	Grants and Other Assistance to Organizations or Part IV, line 15, for any recipient who received mor Use Schedule F-1 (Form 990) if additional space is	(b) IRS code section and EIN (if applicable)											
For	Selectification Grants and Part IV, line Use Schedu	me of	≎R, 1		optin				ed c	after	- 608	0)410	SION

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

Schedule F (Form 990) 2009

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance cash disbursement (e) Manner of 33-0317937 (d) Amount of cash grant Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of recipients (b) Region CHILD AID (a) Type of grant or assistance Compression, OCR, web optimization using a watermarked evaluation copy of CVISION PDFCompressor THILDAID 05/06/2010 5:55 AM

Part IV	Supplemental Information	33-0317937 Pag
- Altiv	Complete this part to provide the information required in Part I	
PART	I, LINE 2 - PROCEDURES FOR MONITORING THE	
CHILD	AID REQUIRES AT LEAST QUARTERLY REPORTS	FROM GRANTEES AND IS IN AT A
MINIM	TUM MONTHLY DIRECT CONTACT THROUGH TELEPHO	NE AND E-MAIL AND CHILD AID'S
EMPLOY	YEES AND/OR OFFICERS MAKE 3 TO 4 ONSITE V	ISITS PER YEAR. IN ADDITION
LOCAL	AGENTS MAINTAIN REGULAR CONTACT WITH GRA	NTEES.
NARRAT	TIVE FOR PART I LINE 3(F) - CHILD AID UTI	LIZES THE ACCRUAL BASIS OF
ACCOUN	NTING IN ACCORDANCE WITH ACCOUNTING PRINC	IPLES GENERALLY ACCEPTED IN
THE UN	NITED STATES OF AMERICA.	***************************************
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#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	CHILD AID						33	-03	170	27			
Part I	Excess Benefit Transactions (s	section 501	(c)(3)	and section 50	1(c)(4) orga	anizations or	lv)		<u> </u>	31		-	1
1	Complete if the organization answered "Y  (a) Name of disqualified person	es on For	n 990,	Part IV, line 2	ba or 25b,						(c)	Correc	cted?
	(4) Name of dioqualified person					(b) Descrip	tion of transactio	n ———			Ye	$\neg$	No
						<u> </u>				-		_	
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		2	·										
											-	-	_
2 Enter the	e amount of tax imposed on the organization	managers	or dis	qualified perso	ns during t	he year							_
3 Enter the	ection 4958 e amount of tax, if any, on line 2, above, rein	bursed by	the or	ganization	********		77777712574 B	. 🔊 \$	§				_
Part II	Loans to and/or From Interested	d Persor	ıs.			-					-		
<del></del>	Complete if the organization answered "Ye	es" on Forn	n 990,	Part IV, line 26	, or Form 9	990-EZ, Part	V, line 38a.						
(8	a) Name of interested person and purpose		oan to	(c) Orig principal a		(d) Ba	alance due	(e) In	default?	( ) (	proved	(g) W	
			zation?	principal a	mount						ard or nittee?	agree	ment?
28 <sup>2</sup> · · · · · ·		То	From					Yes	No	Yes	No	Yes	No
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otal Part III	Grants or Assistance Benefitting	g Interes	ted F	Persons.		\$							
	Complete if the organization answered "Ye	s" on Form	990, F										
	(a) Name of interested person			(b) Relatio		en interested p anization	erson and the	(c) A	mount	and ty	pe of	assista	nce
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19-		C. VP									_		
art IV	Business Transactions Involving	Interes	tod E	Porcons							* '		
***	Complete if the organization answered "Yes	s" on Form	990, F	Part IV, line 28a	a, 28b, or 2	8c.							
	(a) Name of interested person	(b) F	Relation	ship between	(c) Ar	mount of	(d) Descr	ription o	f transa	action		(e) Sh	aring
		intere		erson and the ization	trans	saction						revenu	ues?
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#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

00, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2009

Open To Public Inspection

Employer identification number CHILD AID 33-0317937 Part I Types of Property (a) (b) (c) (d) Check if Number of Contributions Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art—Works of art ..... Art—Historical treasures 2 Art—Fractional interests 3 Books and publications X 106,564 **FMV** 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 9 Securities—Publicly traded 84,727 MARKET QUOTATION Securities—Closely held stock 10 Securities—Partnership, LLC, 11 or trust interests ..... Securities—Miscellaneous 12 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other Real estate—Residential 15 Real estate—Commercial 16 Real estate—Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts Other ▶ ( LOGICOM RECEIVE ) 25 16,957 COMPARABLE SALES 26 27 Other ►( Other ► ( 28 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 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 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? 30a  $\mathbf{X}$ If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X b If "Yes," describe in Partill. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Forr	m 990) 2009	CHILD AID	22_0217027
Part II	Supple 32b, ar	mental Information	33-0317937 Page 2  Complete this part to provide the information required by Part I, lines 30b, e this part for any additional information.
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#### SCHEDULE O (Ferm 990)

## Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2009

Open to Public Inspection

Name of the organization

CHILD AID	Employer identification number 33-0317937
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT A	ACTIVITIES
CHILD AID'S MISSION IS TO CREATE LASTING OPPORTUNITIES	THROUGH EDUCATIONAL
PROGRAMS FOR LATIN AMERICA'S POOREST CHILDREN. WE WORK	WITH COMMITTED LOCAL
PARTNERS, PRIMARILY IN INDIGENOUS COMMUNITIES, TO CONDU	JCT SCHOOL AND
LIBRARY BASED LITERACY AND EDUCATIONAL PROGRAMS	*****************************
************************************	* - 182139391
FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT	
	** ***********************************
3. DELIVERED OVER 8000 SPANISH LANGUAGE CHILDREN'S BOO	KS TO POOR
COMMUNITIES.	41.11.11.11.11.11.11.11.11.11.11.11.11.1
FORM 000 PART TOTAL ASSESSMENT OF THE PART	**************************************
FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT	***********************************
3. TAUGHT 43 DEAF AND HARD OF HEARING CHILDREN IN CORA	L'S THERAPY SCHOOL
4. TESTED 1,214 PEOPLE, MOSTLY CHILDREN FOR HEADING DI	
4. TESTED 1,214 PEOPLE, MOSTLY CHILDREN, FOR HEARING PI	ROBLEMS
FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT	ententententententententententententente
IN SCHOOL.	***************************************
	· · · · · · · · · · · · · · · · · · ·
3. OPERATED A LOCAL LIBRARY SERVING OVER 30,000 PATRONS	
······································	
FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIG	ON COUNTRIES
GUATEMALA	***************************************
:: <u>::</u> ::::::::::::::::::::::::::::::::	
FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AM	MONG OFFICERS

Name of the organization Employer identification number CHILD AID 33-0317937 RICHARD CARROLL NANCY PRESS SEC/TREAS BOARD MEMBER **FAMILY** BOLLY JIMISON MISHA PAVEL BOARD MEMBER BOARD MEMBER MAMILY FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS CHANGED ARTICLES OF INCORPORATION TO REFLECT NAME CHANGE TO 'CHILD AID' FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOOKKEEPER, OFFICE MANAGER, EXECUTIVE DIRECTOR AND THE BOARD TREASURER REVIEW THE 990 BEFORE IT IS FILED. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THERE IS A CONFLICTS OF INTEREST (COI) POLICY BOTH FOR BOARD MEMBERS AND FOR EMPLOYEES. BOARD MEMBERS SIGN A STATEMENT ANNUALLY THAT THEY HAVE READ, UNDERSTAND, AND COMPLY WITH THE COI POLICY. IF A BOARD MEMBER OR EMPLOYEE HAS REASONABLE CAUSE TO BELIEVE THAT ANOTHER BOARD MEMBER OR EMPLOYEE HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE COI, HE OR SHE INFORMS THAT PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER OR EMPLOYEE AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF FURTHER INVESTIGATION IS WARRANTED, THE BOARD OR THE EXECUTIVE DIRECTOR TAKES APPROPRIATE ACTION DEPENDING ON THE CIRCUMSTANCES. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization  CHILD AID	Employer identification number
A SUBCOMMITTEE OF THE BOARD OF DIRECTORS DETERMINES A	33-0317937
OF THE EXECUTIVE DIRECTOR AFTER REVIEW OF COMPARABLE	SALARY STUDIES,
PARTICULARLY THROUGH CHARITY NAVIGATOR.	ii Pakaanaa in • ara a araa araa araa aa aa aa aa aa aa
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FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY	
OHIO, OREGON, PENNSYLVANIA, RHODE ISLAND, TEXAS, UTAH	, VIRGINIA,
WASHINGTON, WISCONSIN, GEORGIA, KANSAS, KENTUCKY, MIN	NESOTA,
NEW HAMPSHIRE, NEW MEXICO, OKLAHOMA, TENNESSEE, VERMO	NT, WEST VIRGINIA
· · · · · · · · · · · · · · · · · · ·	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC	
CHILD AID MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON	
AVAILABLE ON CHILD AID'S WEBSITE FOR DOWNLOAD.	
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990 / 990-PF	2		and Loans Rece			2009
ame	For calendar year 2009,	or tax year beginn	ing	, and ending	Employer Ide	entification Numbe
CHILD AID						
	8				33-031	7937
FORM 990, PAR	T X, LINE 7 -	ADDITION	L INFORMATI	ON		
1	Name of borrower	- 19		Relationship to disq	ualified same	
JOHN VAN KE	PPEL		N/A	relationship to disq	uaimed persor	2
					in the second	· · · · · · · · · · · · · · · · · · ·
X	000000000000000000000000000000000000000					
	Т	T				
Original amount, borrowed	Date of loan	Maturity date		Repayment terms		Interest
13,00	0 12/31/08	12/01/1	1 MONTHLY	PAYMENTS OF	\$362	0.000
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Securi	ity provided by borrower			Purpose of lo	nan	
NONE			VEHICLE	NEEDED TO PE	RFORM W	ORK
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						*
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Consideration	furnished by lender		Balance due at beginning of year	Balance due at end of year		market value 990-PF only)
NONE	*		11,867	8,13	6	obo i i only)
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