#### CHILDAID 05/08/2012 8:33 AM

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.

OMB No. 1545-0047 2011

Open to Public Inspection

A	For the 2011 c	alendar year, or tax year beginning , and ending			
<b>B</b> C	heck if applicable:	C Name of organization		D Emplo	yer identification number
A	ddress change	CHILD AID			
N	lame change	Doing Business As			-0317937
ir	nitial return	Number and street (or P.O. box if mall is not delivered to street address)	Room/suite	27	one number
=	W-100 AV 100	917 SW OAK	208	503	3-223-3008
	erminated	City or town, state or country, and ZIP + 4			
A	mended return	PORTLAND OR 97205		G Gross rece	eipts \$ 1,695,524
A	application pending	F Name and address of principal officer:	H(a) le this a	group return for	affiliates? Yes X No
		RICHARD T. CARROLL	n(a) isuisa	group return for a	
		917 SW OAK	H(b) Are all	affiliates include	d? Yes No
		PORTLAND OR 97205	If "?	No," attach a list	, (see instructions)
1 7	Fax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
J 1	Website: ▶ W	WW.CHILD-AID.ORG	H(c) Group e	exemption numb	per
K F	orm of organization:	X Corporation Trust Association Other ▶ L	Year of formation:	1988	M State of legal domicile: CA
Pi	art I Su	ımmary	VIII LE		
. Alliano	1 Briefly de	scribe the organization's mission or most significant activities:	in and the first		
ا ه		SCHEDULE O			
Activities & Governance					
Ë					
8	2 Check thi	is box ▶ if the organization discontinued its operations or disposed of more than 25	6% of its net asse	ts.	
ğΙ		of voting members of the governing body (Part VI, line 1a)		1 1	13
စ္တ		of independent voting members of the governing body (Part VI, line 1b)			13
₩	5 Total num	nber of individuals employed in calendar year 2011 (Part V, line 2a)		5	5
둥		A SECOND DESCRIPTION OF THE PROPERTY OF THE PR		_	46
۲		elated business revenue from Part VIII, column (C), line 12			0
		ated business taxable income from Form 990-T, line 34			0
_	D Not differ	ated business taxable income from 1 orm 500 1; into 64	Prior Y		Current Year
	8 Contribut	ions and grants (Part VIII, line 1h)	2,72	26,117	1,355,548
ğ	9 Program	service revenue (Part VIII, line 2g)		0	0
Revenue	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	6	52,046	171,799
۱ تم		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2-1	0	0
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2.78	38,163	1,527,347
		nd similar amounts paid (Part IX, column (A), lines 1–3)		51,160	713,835
- 1		and to refer more than (Dad IV, solution (A) line (I)		0	0
,,			21	16,360	228,821
xbeuses	16a Professio	other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25)   64,492		0	0
<u>ē</u>	h Total fund	draising expenses (Part IX, column (D), line 25) (64 - 492)			
<u>~</u>		(D. 11)( 1. (A) II. 44. 441.44( 04.)	2.	79,123	294,783
		penses (Part IX, column (A), lines 11a–11d, 11t–24e) penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		6,643	1,237,439
		less expenses. Subtract line 18 from line 12		31,520	289,908
re s	13 Ivevenue	ress expenses. Subtract line 10 from line 12	Beginning of Co		End of Year
et Assets or nd Balances	20 Total ass	ets (Part X, line 16)		76,564	1,439,800
Ass Ba	21 Total liab	ilities (Part X, line 26)		16,660	20,687
E.Set	22 Net asset	ts or fund balances. Subtract line 21 from line 20		59,904	1,419,113
P	000000000000	gnature Block	Life of the Control	7	DOT UP
-		perjury, I declare that I have examined this return, including accompanying schedules and statemer	ata and to the heat	of my denougle	dee and holief it is
tru	e, correct, and co	omplete. Declaration of preparer (other than officer) is based on all information of which preparer ha	ns, and to the best is any knowledge.	of fifty knowle	uge and belief, it is
_	TX /	to the I have the	U 149 II	EWIT CE	Market State
Sig	n / /8	Signature of officer		Date	
Her			SURER		-11-12
iei		TYPE or print name and title	CKER	7	
_		e preparer's name Preparer's signature	Date	Tour t	X if PTIN
Paid	A Committee	Carella haces	5.1	Check	_ <del>  _   _  </del>
	narer	TANGE E DICHESTY CDA DC	3.7		pioyed
	Only Firm's na	1 SW COLUMBIA, SUITE 400		Firm's EIN ▶	
JJ0		DODMI SAID OD 070E0			503-295-3780
1.4-	Firm's ad			Phone no.	
		s this return with the preparer shown above? (see instructions)			X Yes No
COL	CADELWOLK RC	CONTROL ACTIVIOUSE, SEE THE SECURISH INSTITUTIONS.			Enem MMII (2011)

Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	X
•	scribe the organization's mission:	<b>A</b>
SEE SC	HEDULE O	
	rganization undertake any significant program services during the year which were not listed on the	□ v ♥ N.
•	n 990 or 990-EZ? describe these new services on Schedule O.	Yes X No
	rganization cease conducting, or make significant changes in how it conducts, any program	
services?	,	Yes X No
	describe these changes on Schedule O.	
	the organization's program service accomplishments for each of its three largest program services, as measured by s. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	
-	d allocations to others, the total expenses, and revenue, if any, for each program service reported.	
TRAINI LIVES THOUSA TO CHI	)(Expenses \$ 908,779 including grants of \$ 569,910 )(Revenue \$ IG FOR LIFE LITERACY PROGRAM - THIS PROGRAM PROVIDES EXTEN ING FOR TEACHERS AND LIBRARIANS AND BRINGS READING PROGRAM OF THOUSANDS OF POOR, MOSTLY INDIGENOUS CHILDREN. WE DELINDS OF BOOKS TO RURAL SCHOOLS AND LIBRARIES, AND OFFER SCILDREN WHO NEED THEM MOST. IN 2011 THE READING FOR LIFE LI	S INTO THE VER HOLARSHIPS
2. TRA	VIDED 7,279 IMPOVERISHED CHILDREN WITH LITERACY SUPPORT & INED 336 TEACHERS & LIBRARIANS TO PROMOTE LITERACY & COND	
	ITES. IVERED OVER 83,000 SPANISH LANGUAGE CHILDREN'S BOOKS TO P ITIES.	
MEXICO SUPPOR CHILDR HEARIN INDIVI 1. PRO 2. PRO 3. TEA	)(Expenses \$ 115,852 including grants of \$ 94,697 )(Revenue \$ SERVICES FOR DEAF AND HEARING IMPAIRED PEOPLE - THE OAS IE REHABILITATION OF HEARING AND SPEECH (CORAL), LOCATED IN UNITED AND CONTINUES TO RECEIVE SIGNING AND OVERSIGHT. CORAL HELPS IMPOVERISHED DEAF AND HARDEN AND ADULTS WITH AFFORDABLE AUDIOLOGY SERVICES, SPEECH IG-HEALTH EDUCATION, AND TESTING. IN 2011 CORAL SERVED 4, DUALS BY:  OVIDING CLINICAL HEARING SERVICES TO 1,667 IMPOVERISHED PEOPLE CHING 40 DEAF AND HARD OF HEARING CHILDREN IN CORAL'S THE STING 2,523 CHILDREN THROUGH CORAL'S EARLY DETECTION PROGRES	FICANT OF-HEARING THERAPY, 367 OPLE. RAPY SCHOOL
FUNDIT FUNDIT SUPPOR CHILDR SELF-I 1. PRO 3 TO 6 2. GAV IN SCH 3. OPE	E SCHOLARSHIPS TO 107 PRIMARY/SECONDARY STUDENTS TO HELP	GUATEMALA - , A PROGRAM ENT OF ATION AND ILDREN, AGES THEM REMAIN
4d Other pro	ngram services. (Describe in Schedule O.) s \$ 16,560 including grants of\$ 16,560 ) (Revenue \$	)
4e Total pro	gram service expenses ▶ 1,095,811	

### Part IV Checklist of Required Schedules

	oneokilot of Required Concadies		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	·   -		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vos." complete Schodule D. Port I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	.		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	· 📑		
	complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
J	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	.		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. 10		22
• • •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	·   11a	21	
b	of its total assects reported in Part V. line 162 If "Ves." complete Schodule D. Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	.   110		22
C	of its total assets reported in Dort V. line 400 lf IIVan II appropriate Cahadula D. Dort VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	. 110		- 22
u	reported in Part V. line 162 If "Vee." complete Schodule D. Part IV	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	. 12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	44.	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	
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, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
00-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
20a				<b>⊢</b>

# Form 990 (2011) CHILD AID Part IV Checklist of Required Schedules (continued)

_			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			v
_	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	00		v
,	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		v
4-	employees? If "Yes," complete Schedule J	23		X
4a	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	240		х
b	through 24d and complete Schedule K. If "No," go to line 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Λ
	Did the organization mivest 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	240		
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	<u>24u</u>		
Ja	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		41
J	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Ves." complete Schedule I. Part I.	25b		X
6	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	26		Х
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
В	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule I Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	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	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
6	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	36		X
7	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,			
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part	V				
		1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	d				
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_			
_	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax i		§? 	2b	X	
٥-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)		0-		v
3a	•••			3a 3b	+	X
b 10	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.		thority			+
4a	over, a financial account in a foreign country (such as a bank account, securities account, or othe					
	account)?	ııııaı	iciai	4a	x	
b	If "Yes," enter the name of the foreign country: ► GUATEMALA			ча	- 22	
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finan	cial A	counts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train		 n?			X
c	If "Vee" to line Fe or Fh. did the argonization file Form 0000 TO			5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d					1
	organization solicit any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contrib					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene					_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file				+	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization and applications are strictly as a strictly and applications are strictly as a strictly and applications are strictly as a strictly as		on file a Form 109	98-C? <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti	_				
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponso organization, have excess business holdings at any time during the year?	_				
9	Sponsoring organizations maintaining donor advised funds.			8		
a	Did the experientian make any tayable distributions under section 10002			9a		
b	Did the consideration make a distribution to a decree design and d			OI-		1
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	orm 1	041?	12a	1	000000000000000000000000000000000000000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			138	1	
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	_ I				
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				77
14a					_	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	aule (	J	14k	)	ĺ

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Form 990 (2011) CHILD AID

Part VI Governance, Ma

Page 6

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 "No" response to line 8a, 8b, or 10b below, describe the circumstances, process		_			
	O. See instructions. Check if Schedule O contains a response to any question in					X
Sec	tion A. Governing Body and Management					
			2		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	.3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	.3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
_	any other officer, director, trustee, or key employee?			2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year by	the follow			
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the I	nterna	Reveni	_	nde )	
000	tion b. I onotes (This decition b requests information about policies not required by the I	moma	rtovone	10 00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_	•			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to c	onflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision of the deliberation of th			4	v	
a	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IVa	with a familia and the design who expend			16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ıva		41
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	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,N	, NY	,NC	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section					
	available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of it	nterest p	olicy,			
	and financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records					
_	organization: ► RICHARD CARROLL 917 SW OAK STREET,					
$\mathbf{P}$	OR 9720	5	503	-22	კ-3	8008

Form 990 (2011) CHILD AID

33-0317937

Page 1

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

Check if Schedule O contains a response to any question 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do	not c k, unle	Pos heck ss pe	ition more rson i	than on a s both a r/trustee Highest compensated	e an e)	(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
(1)NANCY PRESS PRESIDENT	10.00	x		X				0	0	0
(2) ROBERT COSTELLO										
VICE PRES	3.00	Х		X				0	0	0
(3) RICHARD CARROLL	, PHD									
SEC/TR/CEO	20.00	X		X				0	0	0
(4) RET . COL . EUGENE	ETZKORN	1	MD							
BOARD MEMBER	1.00	X						0	0	0
(5) DICK FISHER										
BOARD MEMBER	2.00	X						0	0	0
(6) REBECCA GARCIA										
BOARD MEMBER	2.00	X						0	0	0
· · · · · · · · · · · · · · · · · · ·	PHD							_	_	_
BOARD MEMBER	1.00	X						0	0	0
(8) MISHA PAVEL								_	_	_
BOARD MEMBER	1.00	Х						0	0	0
(9) BERNARD CASEY										
BOARD MEMBER	1.00	Х						0	0	0
(10)DAN REGAN	1 00									
BOARD MEMBER	1.00	X						0	0	0
(11)DONALD SODO	0.00							•		
BOARD MEMBER	2.00	X						0	0	0
(12) LAURA TARBOX, C		3,5						•	_	•
BOARD MEMBER	2.00	X						0	0	0
(13) JOHN KIN	2 00	v						^	^	^
BOARD MEMBER	2.00	Х	-				-	0	0	0
(14) SAM HENDRICKS EXEC DIR	40.00			x				82,333	0	16,252

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Above and stills   Above and	Pa	rt VII Section A. Officer	s, Directors, Ti	ruste	ees,	Key	/ Em	iploy	yees	s, and Highest Compens	ated Employees (contin	lued)			
(15) CJ ASTARTE OFFICE MANAGER 35.00			Average hours per week (describe	Position (do not check more than o box, unless person is both officer and a director/truste						Reportable compensation from the	Reportable compensation from related organizations		Estima amoun othe compens	ted t of r sation	
CFETICE NANAGER 35.00 X 43,700 0 8,420  (16)			related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		,	and rela	ated	
(17) (18) (19) (20) (21) (22) (23) (24) (25) (2 Total from continuation sheets to Part VII, Section A	OFF	ICE MANAGER				х				43,700	0	)		8,4	120
(29) (21) (22) (23) (24) (25)  1b Sub-total (25)  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization PO  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 is and organization and related organization from the organization of the compensation and related organization of the compensation and related organization of the organization of the compensation from the organization of the compensation from the organization of the organization of the compensation from the organization of the organization of the compensation from the organization of the organization of the compensation from the organization o	(16)														
(29) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(17)														
(20)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  (26)  1 Total (add lines 1b and 1c)  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0  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 and 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 isted to the organization of the sum of reportable compensation from the organization and related organization? If "Yes," complete Schedule J for such person  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  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)  Rame and boiness address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	(18)														
(21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20	(19)														
(22)  (23)  (24)  (25)  1b Sub-total  (2 Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0  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  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  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did not reviewes rendered to the organization? If "Yes," complete Schedule J for such person  Compelse 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.  (C)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who	(20)														
(24)  (25)  1b Sub-total	(21)														
(24)	(22)														
Sub-total   Sub-total	(23)														
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►0  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  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  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  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.  (C)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who	(24)														
Total from continuation sheets to Part VII, Section A	(25)														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0  Teportable compensation from the organization ▶0  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 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 for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  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  Description of services  Total number of independent contractors (including but not limited to those listed above) who										126,033			2	24,6	572
reportable compensation from the organization    3										126,033				24,6	572
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 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 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 5 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) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	2	,	•		_	to th	ose	liste	d at	pove) who received more	than \$100,000 in				
employee on line 1a? If "Yes," complete Schedule J for such individual  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  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  5 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)  (B)  Name and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who	3	Did the organization list any	former officer, o	direc	tor,	or tr	uste	e, ke	ev er	mployee, or highest comp	ensated			Yes	No
individual  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  Section B. Independent Contractors  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  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who	4	For any individual listed on li	ne 1a, is the su	m of	repo	ortab	ole c	omp	ensa	ation and other compensa			3		X
For services rendered to the organization? If "Yes," complete Schedule J for such person		individual	•							•			4		Х
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  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who	5	Did any person listed on line for services rendered to the	1a receive or a programization? If	ccru	e co s." co	mpe amo	nsat	tion f Sche	from edule	any unrelated organization	on or individual		5		х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  (C)  (D)  (D)  (D)  (D)  (D)  (D		tion B. Independent Contra	ctors												
2 Total number of independent contractors (including but not limited to those listed above) who	1	Complete this table for your formula compensation from the organ	five highest com nization. Report	ipen com	sate ipen	d ind satio	depe on fo	ende or the	nt co e cal	endar year ending with or	within the organization's	tax yeaı			
,		Name and	(A) I business address							Descrip	(B) Ition of services		Со	(C) mpensat	tion
,															
,															
,															
,	_			_											
,															
	2	•	•		_					,	0				

Form 990 (2011) **CHILD AID** 

Pa	art V	III Statement	of Rev	<u>enue</u>						
							(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaign	s	1a				Tovolido		012, 010, 01 014
3ra oui	h	Manaharahin dusa		1b						
A, (	c	Fundraising events		1c						
aft	d	Related organization		1d						
s, m	e	Government grants (contribut		1e						
io	f	All other contributions, gifts, g								
the the		and similar amounts not inclu		1f	1,	355,548				
E O	g	Noncash contributions include	ed in lines 1	a-1f:						
a S S S S	h	Total. Add lines 1a-					1,355,548			
Program Service Revenue Contributions, Gifts, Grants						Busn. Code				
eve	2a									
e R	b									
Σ̈	С									
Se	d									
ram	е									
гog	f	All other program ser								
_	g	Total. Add lines 2a-2								
	3	Investment income (i	Ŭ	divide	ends, inte		20 500			20 500
		and other similar amo					30,790			30,790
	4	Income from investm			-	-				
	5	Royalties		<u></u>						
	<b>C</b> -	Cross route	(i) Real		(II) F	Personal				
		Gross rents								
	b	Less: rental exps.  Rental inc. or (loss)								
	d	Net rental income or	(loss)	1		•				
		Gross amount from (i)	) Securities			Other				
		sales of assets other than inventory	309,	186	,					
	b	Less: cost or other								
		basis & sales exps.	168,	177						
	С	Gain or (loss)	141,	009						
	d	Net gain or (loss)					141,009	141,009		
ě	8a	Gross income from fund								
en.		(not including \$								
Re		of contributions reported								
er		See Part IV, line 18								
Other Revenue		Less: direct expense								
_		Net income or (loss)			ig events	· •				
	ya	Gross income from gami								
	h	See Part IV, line 19								
		Less: direct expense Net income or (loss)			ctivities	<b></b>				
		Gross sales of invent	_		Cuvilles					
	100	returns and allowance								
	b	Less: cost of goods s								
		Net income or (loss)		-	nventory					
		Miscellaneous				Busn. Code				
	11a								300000000000000000000000000000000000000	
	b									
	С									
		All other revenue								
		Total. Add lines 11a-					1 -0- 0:-		-	00 -00
	12	Total revenue. See	instruction	ns			1,527,347	141,009	0	30,790

#### Form 990 (2011) **CHILD AID**

#### 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).

Do	Check if Schedule O contains a response o not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	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				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	713,835	713,835		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	150,705	90,423	45,212	15,070
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	51,959	23,810	6,756	21,393
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,824	857	182	785
9	Other employee benefits	7,650	4,405	1,483	785 1,762
10	Payroll taxes	16,683	8,756	4,621	3,306
11	Fees for services (non-employees):				
а	Management	75,079	72,829		2,250
b	Legal	1,177	1,177		
С	Accounting	6,150	3,690	1,845	615
	Lobbying	1000000			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	63,332	62,837	371	124
12	Advertising and promotion				
13	Office expenses	50,889	37,850	4,662	8,377
14	Information technology				
15	Royalties				
16	Occupancy	18,604	11,644	5,220	1,740 1,804
17	Travel	53,920	49,477	2,639	1,804
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,587	10,327	1,886	1,374
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization _	88		88	
23	Insurance				
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.)	16 5 5 5			
а	LICENSES & FEES	10,263	3,019	1,436	5,808
b	BANK FEES	1,694	875	735	84
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,237,439	1,095,811	77,136	64,492
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 ŠOP 98-2 (ASC 958-720)				

Part ?	X Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	142 049	1	214,714
2	Savings and temporary cash investments			52,210
3	Pledges and grants receivable, net		3	28,622
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		•	
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	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			
S	employees' beneficiary organizations (see instructions)		6	
Assets o 7	Notes and loans receivable, net			
A As	Inventorios for solo or uso		8	
9	Describe an agency and defended shows a	4 000		3,344
	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or	1,000	J	3/311
100		a l		
		7	10c	972
11	The second secon	1 001 006		972 1,139,938
	Investment at the execution Con Det IV for Ad		12	1,133,330
13			13	
	Investments—program-related. See Part IV, line 11		14	
14	Intangible assets Other assets See Port IV line 11		15	
15	Other assets. See Part IV, line 11	1 276 564		1 /20 900
16	Total assets. Add lines 1 through 15 (must equal line 34)		10	1,439,800 5,661
17	Accounts payable and accrued expenses		17 18	3,001
18	Grants payable		19	
19	Deferred revenue			
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	Payables to current and former officers, directors, trustees, key			
ii	employees, highest compensated employees, and disqualified persons.		00	
E	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, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0 200	0.5	15 026
	of Schedule D			15,026
26	Total liabilities. Add lines 17 through 25	16,660	26	20,687
es	Organizations that follow SFAS 117, check here X and complete			
n	lines 27 through 29, and lines 33 and 34.	1 000 017		1 101 405
<u>e</u> 27	Unrestricted net assets	1,008,817	27	1,121,495
B 28	Temporarily restricted net assets	251,087		297,618
등   29	Permanently restricted net assets		29	
<u> </u>	Organizations that do not follow SFAS 117, check here and			
ts (	complete lines 30 through 34.			
97	Capital stock or trust principal, or current funds		30	
g 31			31	
<b>철</b> 32	• • • • • • • • • • • • • • • • • • • •	1 0=0 000	32	
	Total net assets or fund balances		33	1,419,113
34	Total liabilities and net assets/fund balances	1,276,564	34	1,439,800

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Part XI Reconciliation of

Page **12** 

Pa	IT AT RECONCILIATION OF NET ASSETS			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	.,52	27,3	347
2	Total expenses (must equal Part IX, column (A), line 25)	.,23	37,4	439
3	Revenue less expenses. Subtract line 2 from line 1	28	39,9	908
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 1	.,25	59,9	904
5	Other changes in net assets or fund balances (explain in Schedule O) 5			699
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
		.,41	L9,:	113
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	Were the organization's financial statements audited by an independent accountant?	2b		Х
	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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?	3a		
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.	3b		

Form **990** (2011)

#### **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 **2011** 

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

CHILD AID Employer identification number 33-0317937

Pa	art l	l Reas	on for Public Charity	<b>y Status</b> (All organizatio	ns mus	t compl	ete thi	s part	.) See	: instru	uction	ns.		
The	orga	anization is no	t a private foundation beca	use it is: (For lines 1 through	11, check	only one	box.)							
1		A church, co	nvention of churches, or as	ssociation of churches describ	ed in <b>sec</b>	tion 170	(b)(1)(A	)(i).						
2		A school des	scribed in section 170(b)(1	)(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital ser	vice organization described in	section	170(b)(1)	(A)(iii).							
4	П	A medical re	search organization operat	ted in conjunction with a hosp	ital descri	bed in <b>se</b>	ction 1	70(b)(1	)(A)(iii)	. Enter	the ho	spital's	name	θ,
		city, and stat	te:											
5		An organizat	tion operated for the benefi	t of a college or university own	ned or op	erated by	a gove	rnmenta	al unit o	describe	ed in			
		section 170	(b)(1)(A)(iv). (Complete Pa	art II.)			_							
6		A federal, st	ate, or local government or	governmental unit described	in <b>sectio</b>	n 170(b)(	1)(A)(v)	).						
7	X	An organizat	tion that normally receives	a substantial part of its suppo	rt from a	governme	ntal uni	t or fron	n the g	eneral p	oublic			
		-	section 170(b)(1)(A)(vi).											
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete	Part II.)									
9		-		(1) more than 33 1/3% of its		om contri	butions,	membe	ership f	ees, an	d gros	SS		
		-		empt functions—subject to cer							_			
		support from	gross investment income	and unrelated business taxab	le income	(less sed	ction 51	1 tax) fr	om bus	sinesses	S			
		acquired by	the organization after June	30, 1975. See section 509(a	ı)(2). (Coı	nplete Pa	rt III.)							
10		An organizat	tion organized and operate	d exclusively to test for public	safety. S	ee <b>sectio</b>	n 509(a	a)(4).						
11		An organizat	tion organized and operate	d exclusively for the benefit of	, to perfo	rm the fur	nctions o	of, or to	carry c	out the				
		purposes of	one or more publicly suppo	orted organizations described	in section	509(a)(1	) or sec	tion 509	9(a)(2).	See se	ection			
		<b>509(a)(3).</b> C	heck the box that describes	s the type of supporting organ	ization ar	d comple	te lines	11e thr	ough 1	1h.				
		<b>a</b> Type	e I <b>b</b> Type II	<b>c</b> Type III–Functio	nally inte	grated	d	Тур	e III–O	ther				
е		By checking	this box, I certify that the o	rganization is not controlled d	irectly or	indirectly	by one	or more	disqua	alified po	ersons	3		
		other than fo	undation managers and ot	her than one or more publicly	supporte	d organiza	ations d	escribe	d in se	ction 50	9(a)(1	)		
		or section 50	)9(a)(2).											
f		If the organiz	zation received a written de	termination from the IRS that	it is a Ty	oe I, Type	II, or T	ype III s	upport	ing				
		organization	, check this box											
g		Since Augus	st 17, 2006, has the organiz	zation accepted any gift or cor	ntribution	from any	of the							
		following pe	rsons?											
		(i) A perso	n who directly or indirectly	controls, either alone or togetl	her with p	ersons de	escribed	l in (ii) a	ınd				Yes	No
				ne supported organization?								11g(i)		
		(ii) A family	member of a person descr	ribed in (i) above?								11g(ii)		
		(iii) A 35% d	controlled entity of a persor	n described in (i) or (ii) above?	, 							11g(iii)		
<u>h</u>		Provide the	following information about	t the supported organization(s	s).		1		1					
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify nization in		Is the		(vii) Amo		
	org	ganization		(described on lines 1–9 above or IRC section	, ,	isted in your document?		of your		ized in the		supp	οπ	
				(see instructions))	3	1		port?	U.	S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
<del></del>					1									
(B)														
<u>(0)</u>														
(C)														
(D)					+				-					
(D)					1									
(E)					+									
<b>(-)</b>														
														-
Tota	I													

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 CHILD AID

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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,690,403 1,482,580 638,536 2,726,117 1,355,548 7,893,184 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ..... 1,690,403 1,482,580 1,355,548 7,893,184 638,536 2,726,117 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) 285,896 Public support. Subtract line 5 from line 4 7,607,288 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2009 (a) 2007 **(b)** 2008 (d) 2010 (e) 2011 (f) Total Amounts from line 4 1,690,403 1,482,580 2,726,117 1,355,548 7,893,184 638,536 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 40,651 45,440 39,085 25,767 30,790 181,733 sources Net income from unrelated business activities, 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.) 11 **Total support.** Add lines 7 through 10 8,074,917 Gross receipts from related activities, etc. (see instructions) 12 12 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 2011 (line 6, column (f) divided by line 11, column (f)) 14 14 94.21% Public support percentage from 2010 Schedule A, Part II, line 14 94.37% 33 1/3% support test—2011. 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 b 33 1/3% support test—2010. 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 17a 10%-facts-and-circumstances test—2011. 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 10%-facts-and-circumstances test—2010. 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 \_\_\_\_\_

#### 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.)

Sec	tion A. Public Support	quality under	THE LEGIS HALL	a below, pica	oc complete i	art II.)	
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(0) = 00	(0) = 000	(5) = 555	(3) = 3 · 3	(3, 23.11	(1)
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
0	line 6.)						
	etion B. Total Support				1 (0.55)		
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(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						
С	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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First five years. If the Form 990 is for the	e organization's t	irst, second, third	. fourth, or fifth ta	x vear as a sectio	n 501(c)(3)	
•	organization, check this box and <b>stop he</b>	•			•		
Sec	tion C. Computation of Public S						
15	Public support percentage for 2011 (line 8			lumn (f))		15	%
16	Public support percentage from 2010 Sch	nedule A, Part III	, line 15	· · · · · · · · · · · · · · · · · · ·	<u></u>	16	%
Sec	tion D. Computation of Investme	ent Income F	Percentage				
17	Investment income percentage for 2011 (	line 10c, column	(f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2010	<b>0</b> Schedule A, Pa	art III, line 17			18	%
19a	33 1/3% support tests—2011. If the orga	anization did not	check the box on				
	17 is not more than 33 1/3%, check this b	-	_				▶ □
b	33 1/3% support tests—2010. If the orga						nd
	line 18 is not more than 33 1/3%, check the	-	-	-		-	▶ _
20	Private foundation. If the organization di	id not check a bo	ox on line 14, 19a	, or 19b, check th	is box and see ins	structions	

Schedule A (F	Form 990 or 990-EZ) 2011 <b>CHILD AID</b>	33-0317937	Page 4
Part IV	Form 990 or 990-EZ) 2011 <b>CHILD AID Supplemental Information.</b> Complete this part to property II, line 17a or 17b; and Part III, line 12. Also cominstructions).	ovide the explanations required by Part II, line 10 plete this part for any additional information. (Se	); e

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

2011
Open to Public Inspection

Name of the organization

Employer identification number

C	HILD AID		33-0317937
	art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts. Complete if the
-	organization answered "Yes" to Form 990, Par	t IV. line 6.	or recounter complete in the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1)	(-)
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)  Aggregate grants from (during year)		
4	A construction of the first term of the first te		
5	Did the organization inform all donors and donor advisors in writing		
J	funds are the organization's property, subject to the organization's e	velveive level control0	Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
U	only for charitable purposes and not for the benefit of the donor or d		'
	conferring impermissible private benefit?	onor advisor, or for any other purpose	Yes No
Pa	art II Conservation Easements. Complete if the organic	ganization answered "Yes" to Fo	
1	Purpose(s) of conservation easements held by the organization (che		
•	Preservation of land for public use (e.g., recreation or education		mportant land area
	Protection of natural habitat	Preservation of a certified histo	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a c	conservation
_	easement on the last day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		• • •
С	Number of conservation easements on a certified historic structure i	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/		
	historia etrustura listad in the National Pagister		2d
3	Number of conservation easements modified, transferred, released,		
•	tax year ▶		
4	Number of states where property subject to conservation easement	is located ▶	
5	Does the organization have a written policy regarding the periodic m		
•	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en		
•	>	ioromig comeen valuer eacontoine aaning	and you.
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	ng conservation easements during the v	vear .
	<b>▶</b> \$	g	
8	Does each conservation easement reported on line 2(d) above satis	sty the requirements of section 170(h)(4	)(B)
	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation eas		
	balance sheet, and include, if applicable, the text of the footnote to t	•	
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of A		ner Similar Assets.
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)		
	works of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of
	public service, provide, in Part XIV, the text of the footnote to its final		
b	If the organization elected, as permitted under SFAS 116 (ASC 958)	·	
	works of art, historical treasures, or other similar assets held for pub		furtherance of
	public service, provide the following amounts relating to these items		
	(i) Revenues included in 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,	_	n, provide the
	following amounts required to be reported under SFAS 116 (ASC 95)	· ·	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

Page 2

	art III Organizations Maintaining	Collections	of Art.	Historica	Treasure	es. or Oth	er Simila	r Asse	ets (continued
3	Using the organization's acquisition, accessi collection items (check all that apply):								(00
а	Public exhibition	d 🗌	Loan or	exchange pr	ograms				
b	Scholarly research								
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl	ain how	they further	the organiza	tion's exemp	ot purpose in	Part	
•	XIV.				o o.ga <u>-</u> a		papooo		
5	During the year, did the organization solicit of	or receive donation	s of art	historical tre	asures, or of	her similar			
	assets to be sold to raise funds rather than to								Yes No
Pa	art IV Escrow and Custodial Arra	angements. C	comple	te if the or	ganization	answere	d "Yes" to	Form	
	line 9, or reported an amour								, , , , , , , , , , , , , , , , , , , ,
1a	Is the organization an agent, trustee, custodi					ssets not			
	:       E   000 B   ()/0		•						Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the	followin	ng table:					
		and complete the		.g taz.e.					Amount
С	Beginning balance						1c		
	Additions during the year								
e	Distributions during the year						1e		
	Ending balance								
2a	Did the organization include an amount on F	orm 990 Part X I	ine 21?						Yes No
-u	If "Yes," explain the arrangement in Part XIV		21.						
	art V Endowment Funds. Compl		nizatio	n answere	d "Yes" to	Form 990	). Part IV.	line 10	0.
		(a) Current year		) Prior year	(c) Two year		(d) Three years		(e) Four years back
1a	Beginning of year balance	.,	•		( ) ,		., ,		(,,
b	Contributions								
	Net investment earnings, gains, and								
Ŭ	losses								
Ь	Grants or scholarships								
	Other expenditures for facilities and								
·	programs								
f	Administrative expenses								
2	Provide the estimated percentage of the curr	rent vear end hala	nce (line	2 1a column	(a)) held as:	I			
				o rg, colainii	(4)) 11014 40.				
b	Permanent endowment ▶ %								
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse		ization	that are held	and administ	tered for the			
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(ii), are the related organization	s listed as require	d on Sc	hedule R?					3b
4	Describe in Part XIV the intended uses of the								1 1
Pa	art VI Land, Buildings, and Equi				line 10.				
	Description of property	(a) Cost or other b		(b) Cost or o		(c) Accu	mulated		(d) Book value
		(investment)		(oth	er)	depre	ciation		
1a	Land								
	Buildings								
С	Leasehold improvements								
	Equipment				3,639		2,667	,	972
	Other								

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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Schedule D (Form 990) 2011 CHILD AID

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		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)		
(1)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, line 15.		
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description		(b) Book value
(a) Description		(b) Book value
		(b) Book value
(a) Description		(b) Book value
(a) Description (1) (2) (3)		(b) Book value
(a) Description (1) (2)		(b) Book value
(a) Description (1) (2) (3) (4)		(b) Book value
(a) Description (1) (2) (3) (4) (5)		(b) Book value
(a) Description (1) (2) (3) (4) (5)		(b) Book value
(a) Description (1) (2) (3) (4) (5) (6) (7) (8)		(b) Book value
(a) Description (1) (2) (3) (4) (5) (6) (7)		(b) Book value
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9)		(b) Book value
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9)	25.	(b) Book value
(a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	25. (b) Book value	(b) Book value
(a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability		(b) Book value
(a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (1) Federal income taxes	(b) Book value	(b) Book value
(a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (1) Federal income taxes (2) CONDITIONAL CONTRACT ADVANCE	(b) Book value 10,000	(b) Book value
(a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (1) Federal income taxes (2) CONDITIONAL CONTRACT ADVANCE (3) COMPENSATED ABSENCES	(b) Book value	(b) Book value
(a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability  (1) Federal income taxes  (2) CONDITIONAL CONTRACT ADVANCE  (3) COMPENSATED ABSENCES  (4) PAYROLL LIABILITIES	(b) Book value 10,000	(b) Book value
(a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability  (1) Federal income taxes  (2) CONDITIONAL CONTRACT ADVANCE  (3) COMPENSATED ABSENCES  (4) PAYROLL LIABILITIES  (5)	(b) Book value 10,000	(b) Book value
(a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (1) Federal income taxes (2) CONDITIONAL CONTRACT ADVANCE (3) COMPENSATED ABSENCES (4) PAYROLL LIABILITIES (5) (6)	(b) Book value 10,000	(b) Book value
(a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (1) Federal income taxes (2) CONDITIONAL CONTRACT ADVANCE (3) COMPENSATED ABSENCES (4) PAYROLL LIABILITIES (5) (6) (7)	(b) Book value 10,000	(b) Book value
(a) Description  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability (1) Federal income taxes (2) CONDITIONAL CONTRACT ADVANCE (3) COMPENSATED ABSENCES (4) PAYROLL LIABILITIES (5) (6) (7) (8)	(b) Book value 10,000	(b) Book value
(a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability  (1) Federal income taxes  (2) CONDITIONAL CONTRACT ADVANCE  (3) COMPENSATED ABSENCES  (4) PAYROLL LIABILITIES  (5)  (6)  (7)  (8)  (9)	(b) Book value 10,000	(b) Book value
(a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability  (1) Federal income taxes  (2) CONDITIONAL CONTRACT ADVANCE  (3) COMPENSATED ABSENCES  (4) PAYROLL LIABILITIES  (5)  (6)  (7)  (8)  (9)  (10)	(b) Book value 10,000	(b) Book value
(a) Description  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 2  1. (a) Description of liability  (1) Federal income taxes  (2) CONDITIONAL CONTRACT ADVANCE  (3) COMPENSATED ABSENCES  (4) PAYROLL LIABILITIES  (5)  (6)  (7)  (8)  (9)	(b) Book value 10,000	(b) Book value

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,527,347
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,237,439
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	289,908
4	Net unrealized gains (losses) on investments	4	-130,699
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8		-130,699
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	159,209
	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	1,396,648
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a		9	
b			
C	J 1 7 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d	/		120 600
e		2e	-130,699 1,527,347
3	Subtract line 2e from line 1	3	1,341,341
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	, , , , , , , , , , , , , , , , , , , ,		
b	Addition 40 and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	1,527,347
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	1,237,439
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	1,237,133
- а			
b			
С			
d			
е		2e	
3	Subtract line 2e from line 1	3	1,237,439
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,237,439
Pa	art XIV Supplemental Information		
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1b and	d 2b;
	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this		
any a	additional information.	•	
•			
. , .			

Schedule D (	(Form 990) 2011 CHILD AID	33-031/93/	Page <b>5</b>
Part XIV	Supplemental Information (continued)		
•			
• • • • • • • • • • • • • • • • • • • •			

#### 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.

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CHITTE ATE

Employer identification number

Part I Ge	neral Informati		Outside the	United State	S. Complete if the organization	
	m 990, Part IV, lir		outside the	onited State	<b>5.</b> Complete ii the organization	ranswered res to
		nization maintain reco	rds to substant	tiate the amount	of its grants and other	
assistance, th	ne grantees' eligibilit	y for the grants or assi	istance, and the	e selection criteri	a used to award the	
grants or assi	istance?					X Yes No
2 For grantma	kers. Describe in Pa	art V the organization's	s procedures fo	r monitoring the	use of its grants and other	
_	utside the United Sta	-	,	J	G	
3 Activities per	Region (The follow	ing Part I, line 3 table o	can he dunlicat	ed if additional s	nace is needed )	
(a) Region	(b) Number of	(c) Number of	· · · · · · · · · · · · · · · · · · ·	es conducted in	(e) If activity listed in (d) is	(f) Total
(-)	offices in the region	employees, agents, and independent	region (	by type) (e.g., program services,	a program service, describe specific type of	expenditures for and investments
	region	contractors	inve	estments,	service(s) in region	in region
		in region		to recipients in the region)		
NORTH AMER	ICA					
(1)			GRANT			94,697
NORTH AMER	ICA		DDOGDAM	CEDUTCEC	ODGANIEZATION	21 156
(2)	ERICA & CARI	DIDEAN	PROGRAM	SERVICES	ORGANIZATION	21,156
	ERICA & CARI		GRANT			619,138
(3) CENTRAL AM	ERICA & CARI	l l	GICHIVI			015,130
(4)			PROGRAM	SERVICES	TRAINING	145,276
CENTRAL AM	ERICA & CARI					
(5)		16	PROGRAM	SERVICES	ORGANIZATION	215,544
CENTRAL AM	ERICA & CARI	RIBEAN				
(6)		46	PROGRAM	SERVICES	VOLUNTEER	
(7)			+			
(0)						
(8)						
(9)						
_(0)						
(10)						
<u>(11)</u>						
(12)			1			
(12)						
(13)						
(14)						
<u> </u>						
(15)						
(16)						
(17)		0.4				1 005 011
3a Sub-total		94	<b>!</b>			1,095,811
<b>b</b> Total from continuation	]					
sheets to Part I c Totals (add						
lines 20 and 2h)		9.4				1 005 911

DAA

Part II	Part IV, line	e 15, for any red	cipient who red	nizations or Entities Outside to ceived more than \$5,000. Check					es" to Form 990 ► □
	Name of anization	be duplicated if  (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				HEARING SVCS TO POOR	92,000	WIRE TRAN			FMV
(1)			NORTH AME		22 552		2,696	HEARING A	IDS
(2)			СЕМТВАТ. А	EARLY CHILDHOOD EDUC MERICA & CARRIBEAN	32,668	WIRE TRAN	SFER		
(2)			CENTRAL A	LITERACY PROGRAMS	13,535	WIRE TRAN	SFER		FMV
(3)			CENTRAL A	MERICA & CARRIBEAN	•		569,126	BOOKS	
(4)									
(5)									
(-7									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Enter to by the IF	RS, or for which	the grantee or cou	nsel has provided	at are recognized as charities by the for a section 501(c)(3) equivalency letter				<b> •</b>	F (Form 990) 2011

P	art IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>X</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	<b>X</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	<b>X</b> No

Schedule F (Form 990) 2011

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

CHILD AID REQUIRES AT LEAST BI-ANNUAL REPORTS FROM GRANTEES AND IS IN AT A

MINIMUM MONTHLY DIRECT CONTACT THROUGH TELEPHONE AND E-MAIL AND CHILD AID'S

EMPLOYEES AND/OR OFFICERS MAKE 3 TO 4 ONSITE VISITS PER YEAR. IN ADDITION

LOCAL AGENTS MAINTAIN REGULAR CONTACT WITH GRANTEES.

NARRATIVE FOR PART I LINE 3(F) - CHILD AID UTILIZES THE ACCRUAL BASIS OF

ACCOUNTING IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN

THE UNITED STATES OF AMERICA.

#### PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXI	PENDITURES	INVESTMENTS
NORTH AMERICA	\$	94,697	\$ 0
NORTH AMERICA	\$	21,156	\$ 0
CENTRAL AMERICA & CARRIBEAN	\$	619,138	\$ 0
CENTRAL AMERICA & CARRIBEAN	\$	145,276	\$ 0
CENTRAL AMERICA & CARRIBEAN	\$	215,544	\$ 0
CENTRAL AMERICA & CARRIBEAN	\$	0	\$ 0

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

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.

Name of the organization CHILD AID

Employer identification number 33-0317937

Pa	art I Types of Property				·			
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining	9		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amo	unts		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	X		569,126	FMV COMPARABLE S	SALES	S	
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	X	12	87,084	MARKET QUOTATION	1		
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			0.606	1 /0 ====			
25	Other (HEARING AIDS )	X	1	2,696	1/2 FMV			
26	Other ▶()							
27	Other ►( )							
28	Other ►( )							
29	Number of Forms 8283 received by							
	which the organization completed I	orm 8283	3, Part IV, Donee Ackno	owledgement [	29	1.	I	
20-	Design the control P.10		haran and alleged		4 00 th-t	ľ	Yes	No
30a	During the year, did the organization			• • •				
	it must hold for at least three years					20-		X
<b>L</b>	used for exempt purposes for the e	entire noid	ing perioa?			30a		
b 21	If "Yes," describe the arrangement		a policy that requires th	o ravious of any nan atand	ord			
31	Does the organization have a gift a					24		X
220	contributions?  Does the organization hire or use t	hird partia	o or related arganization	no to policit process are	all nanagah	31		
s∠a		•	ŭ	•••		225		х
h	contributions?						Λ	
33	If "Yes," describe in Part II.  If the organization did not report ar	amount i	n column (c) for a type	of property for which colur	mn (a) is chacked			
33	describe in Part II.	ı amount i	ii coluiliii (c) for a type	or property for which colur	iii (a) is cilected,			
	ubouiide iii Fail il.							

Schedule M (Form	990) (2011)	CHILD A	AID			33	<u>-0317937</u>		Page 2	
Part II	Supple and 33,	mental Infor and whether	<b>mation.</b> Con r the organiz	ation is repo	this part to provide the information required by Part I, lines 30b, 32b, reporting in Part I, column (b), the number of contributions, the tion of both. Also complete this part for any additional information.					
	Hamber	or items rec	civea, or a c	,ombination c	7 5011. 7130	complete till	s part for arry	additional in	omation.	

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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.

Open to Public Inspection

OMB No. 1545-0047

CHILD AID

Employer identification number 33-0317937

FORM 990 - ORGANIZATION'S MIS	SSION OR MOST SIGNIFICANT ACTIVITIES
CHILD AID'S MISSION IS TO CRE	EATE LASTING OPPORTUNITIES THROUGH EDUCATIONAL
PROGRAMS FOR LATIN AMERICA'S	POOREST CHILDREN. WE WORK WITH COMMITTED LOCAL
PARTNERS, PRIMARILY IN INDIGE	ENOUS COMMUNITIES, TO CONDUCT SCHOOL AND
LIBRARY BASED LITERACY AND EI	DUCATIONAL PROGRAMS.
FORM 990, PART III, LINE 4D -	- ALL OTHER ACCOMPLISHMENT
OTHER PROGRAMS MEETING THE OF	RGANIZATION'S TAX-EXEMPT PURPOSE.
FORM 990, PART V, LINE 4B - F	FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
GUATEMALA	
FORM 990, PART VI, LINE 2 - F	RELATED PARTY INFORMATION AMONG OFFICERS
RICHARD CARROLL	NANCY PRESS
SEC/TREAS	BOARD MEMBER
FAMILY	
HOLLY JIMISON	MISHA PAVEL
BOARD MEMBER	BOARD MEMBER
FAMILY	
FORM 990, PART VI, LINE 11B -	- ORGANIZATION'S PROCESS TO REVIEW FORM 990
OUR CPA PREPARES FORM 990. TH	HE OFFICE MANAGER, EXECUTIVE DIRECTOR AND BOARD
TREASURER REVIEW THE FORM BEH	FORE WE FILE IT. WE PROVIDE A COPY OF FORM 990
TO THE ENTIRE BOARD OF DIRECT	TORS BEFORE IT IS FILED.

Name of the organization

CHILD AID

Employer identification number
33-0317937

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

A SUBCOMMITTEE OF THE BOARD OF DIRECTORS DETERMINES AND APPROVES THE SALARY

OF THE EXECUTIVE DIRECTOR AFTER REVIEW OF COMPARABLE SALARY STUDIES,

PARTICULARLY THROUGH CHARITY NAVIGATOR.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED OHIO, OREGON, PENNSYLVANIA, RHODE ISLAND, TEXAS, UTAH, VIRGINIA, WASHINGTON, WISCONSIN, GEORGIA, KANSAS, KENTUCKY, MINNESOTA, NEW HAMPSHIRE, NEW MEXICO, OKLAHOMA, TENNESSEE, WEST VIRGINIA, ALASKA, SOUTH CAROLINA, MISSOURI

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
CHILD AID MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENT,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990 IS
AVAILABLE ON CHILD AID'S WEBSITE FOR DOWNLOAD.

(9) (10)

Totals

Forms	Otl	ner Notes and	l Loans Recei	vable		0044	
990 / 990-PF	For calendar year 2011,	or tay year heginnin	a	, and ending		2011	
Name	i oi calendal yeal 2011,	or lax year beginning	9	, and enality	Employer Ide	ntification Number	
			22 224 5225				
CHILD AID					33-0317	937	
FORM 990, PA	RT X, LINE 7 -	- ADDITIONA	L INFORMAT	ION			
	Name of borrower			Relationship to d	isqualified perso	n	
(1) JOHN VAN KI			N/A				
(2)							
(3) (4)							
( <del>4</del> ) (5)							
<u>(6)</u>							
(7)							
(8)							
(9)							
(10)							
Original amount borrowed	t Date of loan	Maturity date	R	epayment terms		Interest rate	
(1) 13,00		12/01/11		PAYMENTS (	OF \$362	0.000	
(2)					-		
(3)							
(4)							
(5) (6)							
(7)							
(8)							
(9)							
(10)							
Sec	urity provided by borrower			Purpose	of loan		
(1) <b>NONE</b>	,		VEHICLE 1		PERFORM	WORK	
(2)							
(3)							
<u>(4)</u> <u>(5)</u>							
<u>(6)</u>							
(7)							
(8)							
(9)							
(10)							
			Balance due at	Balance due		market value	
(1) <b>NONE</b>	ation furnished by lender		beginning of year 4,174	end of year	-	(990-PF only)	
(2) <b>NONE</b>		+	±/±/±				
(3)							
(4)							
(5)							
(6)							
<u>(7)</u> (8)							
					1		

4,174