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Form 990-EZ

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public

2009

Inspection

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

For the 2009 calendar year, or tax year beginning and ending Check if applicable Please **Employer identification number** Name of organization use IRS Address change label or CHILDRENS AID FUND INC 23-7110634 Name change print or Telephone number Number and street (or P O box, if mail is not delivered to street address) Room/suite Initial return type. See 410-742-5782 30275 MALLARD DRIVE Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-MD 21875 **DELMAR** Number Application pending X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) N/A X if the organization is not Website: Check > required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **X** 501(c) (4947(a)(1) or 527 Tax-exempt status (check only one) --Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 163,997 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 6,735 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 27,967 Investment income 129,295 5a Gross amount from sale of assets other than inventory 5a 135,327 SCAMMEDRACE 30 Less cost or other basis and sales expenses 5b b See Stmt 1 -6,032 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) See Stmt Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ of contributions reported on line 1) 6a Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 28,670 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salanes, other compensation, and employee benefits 12 500 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping Other expenses (describe See Statement 2 27,987 16 16 17 Total expenses. Add thes 10 through 16 17 28,487 Excess or (deficit) for the year (Subtract line 17 from line 9) 183 18 18 Net assets or fund plalances at beginning of year (from line 27, column (A)) (must agree with Net Assets 19 end-of-year figure reported on prior year's return 558,144 See Statement 3 63,170 Other changes in net assets or fund balances (attach explanation) 20 20

Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets: It-foral assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(A) Beginning of year (See the instructions for Part II) (B) End of year 558,144 621,497 22 Cash, savings, and investments 22 23 Land and buildings 23 Other assets (describe 24 Total assets 558,144 25 0 Total liabilities (describe 26 621,497558,144 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

621,497

21

Form 990-EZ (2009) CHILDREN	NS AID FUND INC	23	3-7110634			Page 2			
Part III Statement of Prog	ram Service Accomplishments	(See the instruct	ions for Part III	l.)	Ex	penses			
What is the organization's primary exemp	t purpose?	<u> </u>			(Required	for section			
TRANSPORTATION OF CHILDREN T						and 501(c)(4)			
	out the organization's exempt purposes. In a	a clear and concise			organizations and section				
	the number of persons benefited, or other r		r	- 1	-	trusts, optional			
each program title		for others							
	N TO HOSPITALS IN PA & MA			\neg	101 041010				
	N TO HODFITALD IN TA E MA								
(Grants \$) If the annual materials forces annual a	book boss	•	<u>ب ا ب</u>					
) If this amount includes foreign grants, c	neck nere		┸╌┸╅┋	28a				
29									
(Grants \$) If this amount includes foreign grants, c	heck here	<u> </u>	1 2	29a				
30				- 1					
(Grants \$) If this amount includes foreign grants, c	heck here	•		30a				
Other program services (attach scher	• • •								
) If this amount includes foreign grants, c		•	\Box L	31a	26,658			
32 Total program service expenses (a			· · · · · · · · · · · · · · · · · · ·		32	26,658			
	ors, Trustees, and Key Employees. List e	ach one even if not co	mnensated (See t						
List of Officers, Directo	73, Tradeous, and they Employees. List C	(b) Title and average	(c) Compensation		ontributions to	(e) Expense			
(a) Nar	ne and address	hours per week	(If not paid,		e benefit plans &	account and			
DULL I I OMBRUDUOM		devoted to position	enter -0)	deterred	compensation	other allowances			
PHILLIP W STEPHENSON	SALISBURY	PRESIDENT	_	l					
305 HALL DRIVE	MD 21804	1.00		-	0	0			
W EDWARD SIMPKINS	SALISBURY	VICE PRESIDE	HT						
307_AMHERST RD	MD 21801	1.00	. 0	 	0	0			
CHARLES R LAMPE	SELBYVILLE	SECRETARY		ŀ					
38835 TYLER AVE	DE 19975	1.00	0		0	0			
DONALD V WHITE	DELMAR	TREASURER							
30275 MALLARD DRIVE	MD 21875	1.50			0	0			
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_ F &	tit • Other information (Note the statement requirements in the instituctions it	or Fait v.)		_	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		_	Yes	No
J J	description of each activity		33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	nf.	-00		
•	the changes	,	34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but r	not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				
	6033(e) notice, reporting, and proxy tax requirements?		35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.	37a	_		
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w	ere			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	18Ь			
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9	19a	_		
b	Gross receipts, included on line 9, for public use of club facilities	19b	_		
40a	()()() () () () () () () () (
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess being	nefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				
	person in a prior year, and that the transaction has not been reported on any of the organization's prior				
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958	———			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization	·			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		<u> </u>
41 42-	List the states with which a copy of this return is filed ► None The organization's books are in care of ► DONALD V WHITE	T-11	0-74	2 E	702
42a	30275 MALLARD DR	Telephone no ► 41	0-/4	Z - 5	704
	Located at DELMAR, MD	ZIP+4 ▶ 21	875		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authori		0/5		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ıy		Yes	No
	account)?		42b	165	X
	If "Yes," enter the name of the foreign country		420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	ık			
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?		42c	Ī	x
-	If "Yes," enter the name of the foreign country		720		
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here	······································			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			·
	,				
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			- 2	
	Form 990-EZ		44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	If			
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		<u>x</u> _
			50m 99	0-F7	(2006)

Pa	rt VI	Section 501(c)(3) organizations and section 4947(a)					
		501(c)(3) organizations and section 4947(a)(1) nonex and complete the tables for lines 50 and 51.	empt charitable	e trusts must a	nswer question	is 46-49b	
46		ganization engage in direct or indirect political campaign activities on b	ehalf of or in onnos	ation to		Yes	No
•••		s for public office? If "Yes," complete Schedule C, Part I	chair or or in oppos			46	X
47		ganization engage in lobbying activities? If "Yes," complete Schedule (Part II			47	X
48		anization operating a school as described in section 170(b)(1)(A)(ii)? If		shedule E		48	X
49a	-		•	iredule E	i	49a	$\frac{x}{x}$
		ganization make any transfers to an exempt non-charitable related org	anzanom			49b	
b En		ras the related organization a section 527 organization?	athor than officers	directors touctoos	and leave	_ 	Ь
50	•	this table for the organization's five highest compensated employees (s) who each received more than \$100,000 of compensation from the c	•	· ·	•		
	employees		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Exper	156
		(a) Name and address of each employee paid more than \$100,000	hours per week	(-,	employee benefit plans &	account a	ınd
			devoted to position		deferred compensation	other allows	nces
None	3		-				
			1				
			 	 			
			1				
						=-	
			<u> </u>	<u> </u>			
f	Total num	ber of other employees paid over \$100,000	▶ _		-		
51	•	this table for the organization's five highest compensated independent of compensation from the organization. If there is none, enter "None."	t contractors who ea	ach received more t	han		
	(a) Na	me and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	
No	ne						
							
						.	
		<u> </u>					
d	Total num	ber of other independent contractors each receiving over \$100,000					
							
		Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete. Declaration of preparer (other than of					
Sigi		Rhi: W: Stubes	moery is based on all if		LIO	age .	
		Viney J Syranson	 	7.	410		
Her	e	Signature of officer DUTTITO W. CTEDUENCON	ישממ	Date SIDENT			
		PHILLIP W STEPHENSON	PRE	PIDENI			
		Type or print name and title	Data	Charled	Decreased	Maria Maria C	
		Preparer's Augustian Comments	Date	Check if self-	1	tifying Number (S	æe instr)
Paid		signature CARL P HOFFMAN OR	06/14	1/10 employed ▶	P0022	6637	
	parer's	Firm's name (or yours Varl Hoffman & Associ	ates, Inc	•	EIN ▶ 5	2-1840	818
Use	Only	if self-employed). 913-B Snow Hill Rd			Phone		
		address, and ZIP+4 Salisbury, MD 21804-	1939			-749-7	555
May		cuss this return with the preparer shown above? See instructions		., ., ., ., ., ., ., ., ., ., ., ., ., .		X Yes	No
						m 990-EZ	

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

CHILDRENS AID FUND INC

Employer identification number

23-7110634

P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	truction	ons.		
The	orga	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)		·					
1		A church, cor	vention of churches, or asso-	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2	П	A school desc	cnbed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii)							
4		A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section 1	170(b)(1	(A)(iii).	Enter th	ne hospi	ıtal's name,		
		city, and state)										
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	ıl unıt de	scribed	ın			
		section 170(b)(1)(A)(iv). (Complete Part I	1)									
6		A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170(b)(1)(A)(v	/).						
7		An organization	on that normally receives a si	ubstantial part of its support from	a govern	mental ur	nt or fron	n the ge	neral pu	iblic			
		described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)									
8		A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part II)								
9	X	An organization	on that normally receives (1)	more than 33 1/3 % of its suppo	rt from co	ntribution	s, memb	ership fe	ees, and	d gross			
		receipts from	activities related to its exemp	ot functions—subject to certain ex	ceptions,	and (2) r	o more	than 33	1/3 % o	fits			
		support from	gross investment income and	l unrelated business taxable inco	me (less	section 5	11 tax) fr	om busi	nesses				
		acquired by the	ne organization after June 30,	, 1975 See section 509(a)(2). (0	Complete	Part III)							
10		An organization	on organized and operated ex	clusively to test for public safety	See sec	tion 509(a)(4).						
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section												
		<u>— </u>		e type of supporting organization			11e thr	<u>_</u>					
	_	a Type I b Type II c Type III—Functionally integrated d Type III—Other											
8		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
		persons other than foundation managers and other than one or more publicly supported organizations described in section											
		509(a)(1) or section 509(a)(2)											
f		If the organization received a written determination from the IRS that it is a Type II, or Type III supporting											
		_	check this box										Ш
g		-	•	on accepted any gift or contribution	on from ar	ny of the							
		following per										<u></u>	1
		• •	· · · · · ·	trols, either alone or together wit	n persons	aescnbe	ea in (ii)					Yes	No
		, ,	below, the governing body of	• • •							11g(i		+
			member of a person describe	**							11g(i	_	+
L		• •	ontrolled entity of a person de ollowing information about the	** **							11g(i	<u> </u>	
<u>h</u>	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Did y	rou notify	(vi)	ls the	(vII) A	mount o	
(')		anization	(11) E114	(described on lines 1-9	1	sted in your		nization in	organizat			pport	"
				above or IRC section	governing	document?		of your port?		zed in the S?		•	
				(see instructions))	Yes	No	Yes	No	Yes	No			
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Sche		LDRENS A				-7110634	Page 2
P	art II Support Schedule for O	rganizations D	escribed in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che						_
	tion A., Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>				
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities, etc. (•				12	
13	First five years. If the Form 990 is for the o		second, third, fourt	h, or fifth tax year a	is a section 501(c)((3)	
	organization, check this box and stop here						•
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6,	* *	•	(f))		14	
15	Public support percentage from 2008 Sche					15	<u></u>
16a	33 1/3 % support test—2009. If the organi			3, and line 14 is 33	1/3 % or more, che	eck this box	
	and stop here. The organization qualifies a		~				▶ ∐
b	33 1/3 % support test—2008. If the organi				ıs 33 1/3 % or more	e, check this	r
	box and stop here. The organization qualif						▶ [_]
17a	10%-facts-and-circumstances test—2009						
	more, and if the organization meets the "fac					V how the	
	organization meets the "facts-and-circumst		• .	, , , , , ,	9		▶ ∐
b	10%-facts-and-circumstances test—2008						
	more, and if the organization meets the "fac			•	•	V how the	
	organization meets the "facts-and-circumst				=		▶
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see in	structions	▶ 📙

Schedule A (Form 990 or 990-EZ) 2009

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.)

<u>Sec</u>	ction A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
	any "unusual grants ")	12,328	15,255	12,885	12,404	6,735	59,607
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					27,967	27,967
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	12,328	15,255	12,885	12,404	34,702	87,574
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						87,574
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	12,328	15,255	12,885	12,404	34,702	87,574
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,014	25,334	28,962	30,885	30,289	138,484
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	23,014	25,334	28,962	30,885	30,289	138,484
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				33,33	0	
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,						
	and 12)	35,342	40,589	41,847	43,289	64,991	226,058
14	First five years. If the Form 990 is for the organization, check this box and stop here	rganization's first, so	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (f))		15	38.74%
<u>16</u>	Public support percentage from 2008 Sched					16	21.43%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin	e 10c, column (f) div	vided by line 13, co	lumn (f))		17	61%
18	Investment income percentage from 2008 S					18	40%
19a	33 1/3 % support tests—2009. If the organ						. —
	17 is not more than 33 1/3 %, check this bo		-				▶ [
b	33 1/3 % support tests—2008. If the organ						
20	line 18 is not more than 33 1/3 %, check this		-			nization	▶ <u> </u>
20	Private foundation. If the organization did	not check a box on I	ine 14 <u>, 19a, or 19</u> b	, check this box an	a see instructions	* * * * * * * * * * * * * * * * * * *	🟲 🔼

Schedule A (Form 990 or 990-EZ) 2009 CHILDRENS AID FUND INC

23-7110634

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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Federal Statements

CHILDREN CHILDRENS AID FUND INC FYE: 12/31/2009 23-7110634

	Statement 1	- Form 990-EZ,	Part I, Line 5c - Sa Securities	- Sale of Assets (Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities	<u>- No</u>		•
	Description		ĺ					
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss	/ u 88
BANK HAPOALIM								
DONATION BANK HAPOALIM		1/02/08	\$ 60/50/1	10,000 \$	10,000 \$		ᡐ	
Donation		3/25/08	4/20/09	2,000	2,000			
CAPMARK BANK		00/00/1	00//0/ 1	L	L			
CAPMARK BANK		80/80/1	1/26/09	15,000	15,000			
Donation		10/21/08	5/15/09	11,000	10,763			237
COUNTRYWIDE BANK								
Donation		2/29/08	3/19/06	40,000	40,000			
DISCOVER BANK								
Donation FIRSTBANK		4/28/09	11/06/09	2,000	2,000			
Donation		4/12/05	3/30/09	10,000	10,005			- 5
FORD			•	•)
Donation		2/26/03	4/08/09	3,300	9,726		•	-6.426
HIBERNIA NATL BANK			•	•				
Donation		6/21/01	4/01/09	10,000	9,833			167
MERCANTILE BANK								
Donation MEPCANTILE BANK		12/20/04	1/14/09	10,000	10,000			
Donation		12/21/04	1/14/09	10,000	10.000			

-6,027

10,000 135,327

10,000 129,300

Total

6/14/2010 10:13 AM Gain / Loss Depreciation Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other Cost & Expense Federal Statements Sale Price Date Sold Date Acquired CHILDREN CHILDRENS AID FUND INC Whom Sold Description FYE: 12/31/2009 KI9NDER MORGAN How Received Total 23-7110634

CHILDREN CHILDRENS AID FUND INC

23-7110634

Federal Statements

6/14/2010 10:13 AM

FYE: 12/31/2009

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount			
Expenses	\$			
Advertising and Promotion	1,198			
Office	31			
Insurance	100			
PATIENT TRANSPORTATION	6,658			
SHRINE HOSPITAL DONATIONS	20,000			
Total	\$ 27,987			

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		Amount
TRANSFER FROM INVESTMENT ACCOUNT TO CHECKING	\$	20,000
INCREASE IN VALUE OF INVESTMENTS	<u></u>	43,170
Total	\$	63,170

CHILDREN CHILDRENS AID FUND INC

23-7110634 FYE: 12/31/2009 **Federal Statements**

Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

TRANSPORTATION OF CHILDREN TO HOSPITALS IN PA & MA

6/14/2010 10:13 AM