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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

(HTA)

benefit trust or private foundation)

		n 2009 cal	ondar vo	ar, or tax year beginni	ina					7		IIIS	Jection
	heck if a		Please	C Name of organization		VID. 4 COOO		and e	naing	D. Employe	_ 1.44.61 -	-41	
	Address		use IRS		CHINA	AID ASSOC	IATION, INC			D Employe		ation numb	er
=	lame ch	-	label or print or	Doing Business As	DO haved made			ls.		42-156074			·
=	nitial reti	*	type	Number and street (or	PO box ir mair is	s not delivered	io street address)	RO	om/suite				
=	erminat		See Specific	P.O BOX 8513 City or town, state or c						(432) 685-	0549	-	
=	Amende		Instruc-	MIDLAND	Sundy, and ZIP +		X 79	708		G Gross red	ointe \$		1 160 010
=		on pending		ame and address of prii	noinal officer		<u> </u>	700	1				1,168,010
^	тррпсац	, ,		•	•		_		H(a) is t	his a group ret	urn for affi	liates?	Yes X No
				30B) FU 4719 BISHC		1)5	1	all affiliates in		L	Yes No
<u> </u>	ax-exe	mpt status	X 50	01(c) (3) ◄ (inse	ert no)	4947(a)(1)	or 527		lf"	No," attach a l	st (see in	structions)	
J W	Vebsite	e: ► W\	W CHIN	NAAID ORG			****		H(c) Gro	oup exemption	number	>	
K F	orm of o	rganization	X co	rporation Trust	Association	Other ▶		L Year	r of forma	tion 2002	MSt	ate of legal of	domicile PA
Р	art l	Sur	mmary									1	
	1			the organization's mi	ssion or most	significant	activities Co	llect d	onation	s from indi	viduals :	and other	501(c)(3)
				roughout the US and									
ည့	1			rganization also prov									
				rovided for religious l									
BEIGNES & CONFINED	2			▶ ☐ if the organiza									
\$	3			g members of the gov							3		6
4	4			pendent voting memb				1b) .			4		5
్జ్రా	5			employees (Part V, li			•				5		12
(S)	6			volunteers (estimate							6		40
\bigcirc	7a	Total gro	oss unre	lated business reven	ue from Part	VIII, column	(C), line 12.				7a		0
<u> </u>	b	Net unre	elated bu	ısın ess taxable İn çon	re, rom Form	990-T, line	34				7b		0
RevERGEANN ED				NEUCI		i				Prior Year		Curr	ent Year
Ð,	8			id grants (Part VIII, lir					L	1,23	0,957		1,120,135
	9	Program	service	revenue (RantyVIII, (I	/n ၅ ၉ ရာ) · ဝိ						0		0
§	10			me (Part VIII, column							9,467		0
ш	11			Part VIII , column (A),							0,864		31,598
	12			d lines 8 th ough 10 mi							1,288		1,151,733
	13			ar amounts paid (Par			·3)			47	5,278		376,497
	14		-	or for members (Part	•	•		- 40\	100.40				0
es	15			compensation, employ			• •	5–10)		15	6,487		328,893
Expenses	16a b			draising fees (Part IX g expenses (Part IX, o				E EOC			0		0
Ëx	17		_	(Part IX, column (A),		· • •		5,536	 		0 075		050.055
	18			Add lines 13–17 (mu				•	<u> </u>		0,275		652,955
	19		_	penses Subtract line			(A), lille 25)	•	<u> </u>		2,040		1,358,345
- <u></u>	'	revenue	C ICOS CX	penses oubtract line	e to nontinte	12 . , .			Beginn	ing of Curren	9,248	End	-206,612 of Year
Net Assets or Fund Balances	20	Total as	sets (Pa	rt X, line 16)							0,664		407,743
Ass	21			Part X, line 26)				,		<u>-</u>	6,810		410
Ę Š	22			nd balances. Subtrac		line 20					3,854		407,333
Pa	rt II		nature										
				of perjury, I declare that I h									
		and b	belief, it is tr	rue, correct, and complete	Declaration of pre	parer (other tha	an officer) is based	on all ir	nformation	of which prep	arer has a	iny knowledo	je
			1	11ll						1.4	10/2	010	
Sig	n	• •	Signature of	of effect							107		
Her	e	I	•	U - EXECUTIVE DIR	ECTOR					Date			
				int name and title	ECTOR								
		Prepa		The marine and upe	·		Date	Ch	neck if		Prepare	r's identifyin	a number
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-	Only	Firms	s name (or -employed)	30E L 101						EIN 🕨			
			ess, and ZIF	P+4 7 5000 E. UN	NVERSITY, S	UITE 3, OD	ESSA, TX 797	762		Phone no	(432)	550-5882	
May	the IF	RS discus	s this re	turn with the prepare								$\overline{}$	res No
				ork Reduction Act Noti					2		. بد		orm 990 (2009)
													(2000)

Pa	Int III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	The protection of religious freedom within the People's Republic of China Providing in-country public advocacy, legal representation
	and counsel for those who are in jeopardy of civil or criminal prosecution for religious activities. Supporting families left destitute by
	the arrest and imprisonment for religious activities of family members which may be financial, housing and basic living needs. The
	coordinating and financial support for religious education and training.
2	Did the organization undertake any significant program services during the year which were not listed on
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 241,110 including grants of \$ 0) (Revenue \$ 0)
	To distribute funds to china to pay for legal representation for persecuted Christians and family members
4b	(Code) (Expenses \$ 616,684 including grants of \$ 0) (Revenue \$ 0)
	The Organization also provides funding for the research, training, and publication of a legal handbook on religious
	freedom in Chına to be provided for religious leaders.
	(Code: \(\sum_{\text{Code}} \)
4C	(Code:) (Expenses \$ 92,931 including grants of \$ 0) (Revenue \$ 0)
	To provide benevolence for families of persecuted Christians in prison.
4d	Other program services (Describe in Schedule O)
- u	
40	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses \$ 950.725
	I DIGI DI DUI GIN SEI VICE CADENSES F SUU. I & S

Par	t IV Checklist of Required Schedules	_		T
_	1- the annual time described in a set of E04/-1/0) 4047/-1/41 (atherethen a minute foundation) 0.15 (1)/- (1)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١,		
2	complete Schedule A	1	X	╁
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	^-	⊢
J	candidates for public office? If "Yes," complete Schedule C, Part I.	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
_	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	ŀ		
	complete Schedule D, Part 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		l ,
11	quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		X
• •	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		45	
	Schedule D, Part VI.	3.7		****
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	44		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
Ū	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI, XII, and XIII.	12	FR. 24-53	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No	1.	S. 12	
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			2
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	46	v l	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	Х	
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 '' 		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	ĺ
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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV CHecklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			.,
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			v
00	If "Yes," complete Schedule L, Part III	27	₹. <i>(</i> (X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	3.27		1 1 T
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		X
	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	28a		
D	Schedule L, Part IV	28b		Х
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
C	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions: " Yes, complete scriedale in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		^
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N,			
•	Part I	31	1	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		I	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 ((2000)

orm 9	990 (2009) CHINA AID ASSOCIATION, INC 42-15	60745	F	age (
Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	, , , , , , , , , , , , , , , , , , , ,			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
0 -	gaming (gambling) winnings to prize winners?	1c	_X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	2b	Х	-
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ou.	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		 ^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
C -	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
b	organization solicit any contributions that were not tax deductible?	6a		Х
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	90		
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X
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		_X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<i>i</i> .,		,
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	· . <u>*</u>		للد ع
	benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		Į	
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		$\overline{}$	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter		$\neg \neg$	
а	Initiation fees and capital contributions included on Part VIII, line 12	İ	İ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15a X 15b X 16a X 16a Y 15a X 15b X 16a Y 15a X 15b X 16a Y 15a X 15b X 16a Y 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15a X 15b X 15a X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15a X 15b X 15a X 15b X 15a X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15b X 15a X 15a X 15b X 15a X 15b X 15a X 15	Sect	ion A. Governing Body and Management						
b Enter the number of voting members that are independent. 2 Did any officer, director, trustee, or key employee? 3 Did any officer, director, trustee, or key employee? 4 Did the organization of eligate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization have management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Did the organization have members or stockholders? 8 Did the organization the were members, stockholders, or other persons? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 But there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization than all authority to act on behalf of the governing body? 8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10a Does the organization have local chapters, branches, or affiliates? 10 If Yes, "does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10a Does the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10a P				1		· · · · ·	Yes	No
Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management dutes customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders. Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Does the organization have members or stockholders, or other persons? Did the organization that the provided of the person who may elect one or more members of the governing body? Did the organization become post of the governing body when the person who may elect one or more members of the governing body? Did the organization that the provided and the person who may elect one or more members of the governing body? Train governing body? Beach committee with authority to act on behalf of the governing body? It is governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach organization have local chapters, branches, or affiliales? Tree she organization have local chapters, branches, or affiliales? Trees how the organization have local chapters, branches, or affiliales? Did	1a				6	機能		1867.
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12a Does the organization have a written conflict of interest policy? If "No," go to line 13. b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12b X 12b X 12c X 13 Does the organization have a written whistleblower policy? 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? a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). 15a X 15b X 15b X 17b If "Yes," has the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 17b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17c List the states with which a copy of this Form 990 is required to be filed TX Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organizati		form?						X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12c	11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					4.	
rise to conflicts? C Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official. 16 Other officers or key employees of the organization 17 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed TX Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 12b X 13c X 14c X 15c X 14d X 15c X 15d X 15d X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 15a X 1	12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.				12a	Χ	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. 12c X 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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? 16 The organization's CEO, Executive Director, or top management official. 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16a X 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed participated in a point venture or similar arrangement with the states with which a copy of this Form 990 is required to be filed participated by the organization in joint venture arrangements? 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. 19 Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 10 TOM BEARD 11	b	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	ould give				
describe in Schedule O how this is done. 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official. 15 Did the organization's CEO, Executive Director, or top management official. 15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Dif "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed paveling the same process or the organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection indicate how you make these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TOM BEARD 22 Tom BEARD		rise to conflicts?				12b	Х	
13	С	Does the organization regularly and consistently monitor and enforce compliance with the pol	licy? If	f "Yes,"				
14 Does the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official. 15 Other officers or key employees of the organization 15 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►TX 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TOM BEARD (432) 689-6985		describe in Schedule O how this is done			•	12c		Х
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? a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed TX Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TOM BEARD (432) 689-6985	13	Does the organization have a written whistleblower policy?				13		X
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). 15a X 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 15b X 15b X 15b X 16a	14	Does the organization have a written document retention and destruction policy?				14		Х
The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization	15	Did the process for determining compensation of the following persons include a review and	approv	al by				3
The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization		independent persons, comparability data, and contemporaneous substantiation of the deliber	ation a	and decision	on?			٠
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TOM BEARD (432) 689-6985	а	The organization's CEO, Executive Director, or top management official						**
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ TX 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website □ X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ TOM BEARD (432) 689-6985	b	Other officers or key employees of the organization				15b	Х	
with a taxable entity during the year?		If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)						
with a taxable entity during the year?	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	rrange	ement			(A)	- 141
the organization's exempt status with respect to such arrangements?		with a taxable entity during the year?				16a		Х
the organization's exempt status with respect to such arrangements?	b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	to eva	aluate			* * * * * * * * * * * * * * * * * * *	%. 05
the organization's exempt status with respect to such arrangements?		its participation in joint venture arrangements under applicable federal tax law, and taken step	os to s	afeguard			<u>.</u>	
 List the states with which a copy of this Form 990 is required to be filed ► TX Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TOM BEARD (432) 689-6985 		the organization's exempt status with respect to such arrangements?	•					
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TOM BEARD (432) 689-6985 	Sect	ion C. Disclosure						
available for public inspection. Indicate how you make these available. Check all that apply. Own website	17	List the states with which a copy of this Form 990 is required to be filed ► TX						
available for public inspection. Indicate how you make these available. Check all that apply. Own website	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar	nd 990)-T (501(c)	(3)s o	nly)		
Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TOM BEARD (432) 689-6985		, , , ,		,				
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policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TOM BEARD (432) 689-6985	19		nents.	conflict of	intere	est		
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TOM BEARD (432) 689-6985			•					
organization: ► TOM BEARD (432) 689-6985	20	·	ooks a	and record	s of th	ne		
~		· · · · · · · · · · · · · · · · · · ·						
		P.O BOX 8513, MIDLAND, TX 79708						

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compe	ensate any curre	ent of	fice	r, d	lirec	tor, o	r trı	ustee		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours per week			-		Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
XIQIU(BOB)FU EX DIRECTOR	50.	Х			х			30,983	0	26,255
JOE TORRES CHAIRMAN	4	х						0	0	0
TOM VERMILLION SECRETARY	2	х						0	0	0
SCOTT MCGRAW BD MEMBER	2.	х						0	0	0
PAUL GUSTAFSON BD MEMBER	2	Х						0	0.	0
TIM DUNN BD MEMBER	2	Х						0	0	0
DOUG ROBISON BD MEMBER	2.						X	0	0	0
TOM WHITE BD MEMBER	2						Х	0	0	0
KEVIN YORK BD MEMBER	2.						х	0	0	0
BEAU BOULTER BD MEMBER	2.						Х	0	0	0
CHARLES ERICKSON BD MEMBER	2.						Х	0	0	0

Form 990 (2009)

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees	, and	Hig	ghes	t Co	mpensated Em	ployees (ontin	ued)	
	(A)	(B)			•	C)			(D)	(E)		(I	F)
	Name and title	Average hours per week	or director		(checi Officer		a Highest compensated to employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportat compensa from relai organizati (W-2/1099-f	ition ted ons	otl compe from organ and re	nated unt of ner nsation in the ization elated zations
						_							
					ļ								
							_						··
							<u> </u>	_					
			ļ. <u>.</u>				<u> </u>			<u> </u>			
							<u> </u>						
							-				-		
1b	Total		<u> </u>	<u> </u>	<u> </u>				30,983	<u> </u>	0		26,25
2	Total number of individuals (including but no	ot limited to thos	e lis	ted a	bov	e) w	ho re	<u> </u>	·			-	20,20
-	reportable compensation from the organizar		JO 110			o,				,			
	Toportus of games											Yes	No
3	Did the organization list any former officer,									1			
	employee on line 1a? If "Yes," complete Sc									•	3	<u> </u>	
4	For any individual listed on line 1a, is the su										`	,	1 .
	the organization and related organizations (greater than \$15			' "Ye. 			ete :	Schedule J for s	uch	4	X	
5	Did any person listed on line 1a receive or a		ation	n froi	n an	y un	relat			•	5		X
Sec	services rendered to the organization? If "Y	es, complete s	CHEC	iui e .	<i>J</i> 101	Suci	ı pei	3011	· · ·			<u> </u>	
1	Complete this table for your five highest con	mpensated inde	pend	lent o	contr	acto	rs th	at re	ceived more tha	ın \$100.00	 0 of		
	compensation from the organization									· · · · ·			- -
	(A) Name and business a	address							(B) Description of ser	vices	Сог	(C) npensatio	n
								-					(
													1
								† · · ·					
		·····						ĺ					
2	Total number of independent contractors (in more than \$100,000 in compensation from			ed to	thos	se lis	sted a	abov	e) who received	l 			

⁻ Par	VIII	Statement of Revenue			-			
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1a	Federated campaigns	1a	0				
ם	b	Membership dues		0	1			
s, g	Ç	Fundraising events		0				
gift ar a	d	Related organizations .	1d	0				
S, E	e	Government grants (contributions) .	1e	0	1			
ion	f	All other contributions, gifts, grants, a			1			
the the		similar amounts not included above	1f	1,120,135				
ntri do	a	Noncash contributions included in line		0	1			
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	·		1,120,135	1		
<u>o</u>		***************************************		Business Code				
eun	2a				0			
Rev	b				ō			
<u>e</u>	С				0			
ē	ď				0			
E	е				0			
Program Service Revenue	f	All other program service revenue			0			
P	g	Total. Add lines 2a-2f		•		·	(; .)	g\$ v, s.
	3	Investment income (including divident					*	**
				 	٥ ا			
	4	Income from investment of tax-exemp		de .	0			
	5	Royalties	n bona procee	us	0			
		Troyanies	(ı) Real	(II) Personal	<u> </u>	2 % %	* * *, -	2.32
	6a	Gross Rents	(i) Near	(ii) i cisonai	\ 5 ^m z	3 , , , ,	i i i	4.7%
	b	Less rental expenses						
	C	Rental income or (loss)	0	<u> </u>				
	d						~~ × × × × × × × × × × × × × × × × × ×	-1-14i
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other	<u>U</u>		*	
	/ a	assets other than inventory .	(i) Securities	 	,			
	h	Less. cost or other basis		0	4.	*		***
	D	and sales expenses	0	١ ,		\$ 5.3E		Mi in
	_	Gain or (loss)	0	0	**			
	d		U	<u> </u>				^ ** **********************************
		Gross income from fundraising				<u> </u>		, «« \
ne	Va		0					5
en		events (not including \$ of contributions reported on line 1c)	9_			Š. v.		,
ev			_	47.075		* *		
r.	h	1	. a b	47,875 16,277				
Other Revenue		Net income or (loss) from fundraising		10,277	31,598	<u></u>	MARK AND SHIP AND AND AND AND AND AND	more minutes of the same of
0		Gross income from gaming activities	events	<u>:</u>		,		
	Ja	0 0 10/1 40		٥		*	•	*
	h	Less direct expenses	. a b	- 0			•	2 6
		Net income or (loss) from gaming acti			0		<u></u>	
		Gross sales of inventory, less	villes					
	iva		_					į
	h	Less cost of goods sold	a b	0				e b
		-						
		Net income or (loss) from sales of inventor Miscellaneous Revenue	entory		. 0			
	11-	· · · · · · · · · · · · · · · · · · ·		Business Code				
ĺ	11a				0			
	b				0			
	C C	All other revenue			0			
	d	All other revenue	•		0			
	e 12				0			I
	12	Total revenue. See instructions		. .	1,151,733	0	0	0

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).

	All other organizations must complete column not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Dut are not red (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	ol			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	اه			
3	Grants and other assistance to governments,	·			
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	376,497	376,497		
4	Benefits paid to or for members	0/0,437			
5	Compensation of current officers, directors,				
3	trustees, and key employees	ol			
6	Compensation not included above, to disqualified	<u>_</u>			
0	persons (as defined under section 4958(f)(1)) and				
	• • • • • • • • • • • • • • • • • • • •	اه			
7	persons described in section 4958(c)(3)(B)	236,160	101,977	124 192	
7	Other salaries and wages	230,100	101,977	134,183	
8	Pension plan contributions (include section 401(k)	o			
^	and section 403(b) employer contributions)	66,282		66 202	
9	Other employee benefits		40 400	66,282	
10	Payroll taxes	26,451	10,198	16,253	
11	Fees for services (non-employees):	٦			
a	Management	0			·· · · · · · · · · · · · · · · · · ·
b	Legal			5.040	
C	Accounting	5,616		5,616	
d	Lobbying	0	· ,	**;	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	0	400.404		
g	Other	183,434	183,434		
12	Advertising and promotion	16,394			16,394
13	Office expenses	64,751	49,015	8,251	7,485
14	Information technology	116,802	12,116	103,313	1,373
15	Royalties	0			
16	Occupancy	27,831	15,938	11,893	
17	Travel	89,158	89,158		
18	Payments of travel or entertainment expenses		-	1	
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	41,643	35,121	6,522	
20	Interest	0			
21	Payments to affiliates	0			· <u></u>
22	Depreciation, depletion, and amortization .	10,857	0	10,857	0
23	Insurance	7,066		7,066	
24	Other expenses Itemize expenses not	İ		į	
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)			<u> </u>	
а	Supplies	13,349	6,965	6,384	
b	Press Release Fees	56,911	56,911		
С	Telephone	16,984	11,972	5,012	
d	Miscellaneous	2,159	1,423	452	284
е		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	1,358,345	950,725	382,084	25,536
26	Joint costs. Check here ▶ If following				
-•	SOP 98-2. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				
					Form 990 (2009)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 376,917 Cash—non-interest-bearing . . . 181,566 2 2 3.885 3 0 3 4 0 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 7 Notes and loans receivable, net ol 7 0 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges . . . 10a 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D b Less accumulated depreciation | 10b | 189.862 10c 226,177 Investments—publicly traded securities 11 0 0 11 ol 12 0 12 Investments—other securities. See Part IV, line 11... 13 0 Investments—program-related. See Part IV, line 11 13 0 0 14 14 ol 15 0 15 570,664 407.743 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 16 6.810l 17 17 410 Grants payable. 18 18 19 19 0 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 22 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities. Complete Part X of Schedule D. ol 25 0 26 Total liabilities. Add lines 17 through 25 6,810 26 410 Organizations that follow SFAS 117, check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 559,635 27 390,569 4,219 28 28 16,764 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 563,854 33 407,333 Total liabilities and net assets/fund balances . . . 34 570,664 34 407,743

Part	XI Financial Statements and Reporting			
			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
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes 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 consolidated basis, separate basis, or both:			
		l		
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		<u> </u>
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		(0000)

Form **990** (2009)

, SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public Inspection

		organization							Employe	er identifica	tion numb	er	
		ID ASSOCIAT							1		560745		
Pai	_			harity Status (All or						instruction	ns		
1 ne	orgar		•	lation because it is [.] (F irches, or association		•		•	•	'il			
2	H			on 170(b)(1)(A)(ii). (A			oca iii set			.17-			
3	H			hospital service organ		•	section	170/b\/1	(Δ)/iii)				
4	H			ation operated in conju						0/6\/4\/A	Wiii\ En	tor the	
-		hospital's na	ame, city, and st	ate [.]									
5				r the benefit of a colle (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	nmental u	nit desc	rıbed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit o	described	ın sectio	n 170(b)(1)(A)(v).				
7				ly receives a substanti (1)(A)(vi). (Complete		its suppo	rt from a	governme	ental unit	or from th	ie gener	al publ	IC
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II)						
9	X	receipts from support from	n activities relate n gross investme	ly receives: (1) more the dot its exempt function its exempt function and unrelanter June 30, 1975	ons—sub ted busin	ject to cer ess taxab	rtain exce le income	ptions, ar e (less sec	nd (2) no loction 511	more thai	n 33 1/3	% of it	
10		An organiza	tion organized a	and operated exclusive	ely to test	for public	safety. S	ee secti c	n 509(a)	(4).			
11 e		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 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally integrated d Type III—Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified											
		persons other		on managers and othe									on
f			zation received i, check this box	a written determination	n from the	e IRS that	it ıs a Ty _l	pe I, Type 	II, or Typ	oe III supp	oorting		
g		Since Augus following per		the organization acce	pted any	gift or cor	ntribution	from any	of the				
				or indirectly controls,		_		•		` '		Yes	No
				verning body of the su							11g(i)		
				person described in (i ty of a person describe							11g(ii)		_
h				ation about the suppor				• • • •	• •		11g(iii)		
		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	you notify nization in of your port?	organıza (i) organı	Is the tion in col ized in the S?		Amount support	of
					Yes	No	Yes	No	Yes	No			
							i						0
	-							<u> </u>					
													0
···		-											0
_								<u> </u>					0
						-		<u> </u>		 	<u> </u>		0
Total			1]		0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. 0 0 The value of services or facilities 3 furnished by a governmental unit to the 0 0 organization without charge 0 0 0 Total. Add lines 1 through 3 . . . 0 0 0 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) 6. included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 0 Section B. Total Support (a) 2005 (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) ▶ (b) 2006 (e) 2009 (f) Total 0 0 7 Amounts from line 4. 0 0 0 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 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 12 Gross receipts from related activities, etc (see instructions) 12 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) 13 organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 0 00% 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 0 00% 16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 17a or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . > 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.) Part III

	(Complete only if you checked the	TE DOX OIT TITLE	3 OF Parti				
	tion A. Public Support						
Cale	endar 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.")	532,135	875,977	1,090,887	1,230,957	1,120,135	4,850,091
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished	002,100	0,0,0,7	1,000,007	1,200,001	1,120,100	4,000,001
	in any activity that is related to the	0	0	0			0
3	organization's tax-exempt purpose Gross receipts from activities that are not an			0			
4	unrelated trade or business under section 513 Tax revenues levied for the organization's		<u>,</u>				0
_	benefit and either paid to or expended on its behalf	0	0	0			0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	0	0	0			0
6	Total. Add lines 1 through 5	532,135	875,977	1,090,887	1,230,957	1,120,135	4,850,091
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons.						0
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			•			0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	1,8/2	Carrier Strate	· ': [] #	1,5%****	12, 4, 15" " , , , , , , , , , , , , , , , , , ,	-
-	line 6)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ؙ ؙڔڲٛؠ ٳؿ		Beef Walt	4,850,091
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
						· · · · · · · · · · · · · · · · · · ·	
9	Amounts from line 6	532,135	875,977	1,090,887	1,230,957	1,120,135	4,850,091
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						_
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						•
40	carried on	<u> </u>					0
12	Other income Do not include gain or						
	loss from the sale of capital assets	0					0
13	(Explain in Part IV)	0	0				0
13	Total support. (Add lines 9, 10c, 11,	E22 42E	075 077	4 000 007	1 220 057	4 400 405	4 050 004
	and 12)	532,135				1,120,135	4,850,091
14	First five years. If the Form 990 is for the org	•			-	• •	(3)
	organization, check this box and stop here.			<u> </u>			. ▶
Sec	tion C. Computation of Public Support					γ	
15	Public support percentage for 2009 (line 8, co	olumn (f) dıvide	ed by line 13, c	olumn (f))		15	100 00%
16	Public support percentage from 2008 Schedu	ıle A, Part III, li	ne 15			16	100 00%
Sec	tion D. Computation of Investment Inco						· -
17	Investment income percentage for 2009 (line			e 13, column (f))	17	0 00%
18	Investment income percentage from 2008 Sc				• •	18	0 00%
19a	33 1/3% support tests-2009. If the organiza						
	not more than 33 1/3%, check this box and s						▶ X
b		-	•	•	•	•	1
	line 18 is not more than 33 1/3%, check this box ar						▶ □
20			= :			=	. [⊢

Schedule A (Form	n 990 or 990-EZ) 2009	CHINA AID AS	SOCIATION, IN	IC		42- <u>1560745</u>	Page 4
Part IV	Supplemental	Information.	complete this p	art to provide	the explanations requi	ired by Part II, line 10) <u>. </u>
	Part II line 17a	or 17h; and Pa	rt III line 12 E	Provide any oth	ner additional informat	ion See instructions	•
	raitii, iiile i/a	OI IID, and I a	irt III, iiiie 12. i	TOVICE any ou	iei additional informat	ion. See instructions	
	•						

SCHEDULE D (Form 990) ·

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number

CHIN	A AID ASSOCIATION, INC.				42-1560745
Part	Organizations Maintaining Done	or Advised Funds or Othe	r Similar Fi	unds or Acc	counts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6			
		(a) Donor advised funds	<u> </u>	(b) Fu	nds and other accounts
1	Total number at end of year			7.7.1.	
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and d	lonor advisors in writing that th	e assets hel	d in donor ad	vised
	funds are the organization's property, subject	ct to the organization's exclusi	ve legal cont	rol?	Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in wr	iting that grai	nt funds can l	be
	used only for charitable purposes and not for	or the benefit of the donor or d	onor advisor,	or for any ot	her
	purpose conferring impermissible private be	enefit?			Yes No
Part	Conservation Easements. Comp	lete if the organization ansv	vered "Yes"	to Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held				<u> </u>
•	Preservation of land for public use (e.g.	-		of an historic	cally important land area
	Protection of natural habitat		Preservation	of a certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organiza	ation held a qualified conserva	tion contribu	tion in the for	m of a conservation
	easement on the last day of the tax year	·			
				- 3 ³	Held at the End of the Tax Year
а	Total number of conservation easements .			2a	
b	Total acreage restricted by conservation ear	sements		. 2b	
С	Number of conservation easements on a ce	rtified historic structure include	ed ın (a)	. 2c	
d	Number of conservation easements include	d in (c) acquired after 8/17/06	•	2d	
3	Number of conservation easements modifie	d, transferred, released, exting	guished, or te	erminated by	the organization
	during the tax year				
4	Number of states where property subject to	conservation easement is loca	ated ▶		
5	Does the organization have a written policy	=	ing, inspection	on, handling o	
	violations, and enforcement of the conserva				. Yes No
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing	g conservatio	n easements	during the year
_					
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing con	servation ea	sements auri	ng the year
	Does and concentration accoment reported	l on line 2/d) above setisfy the	roguromont	a of coation	
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		-	s or section	Tyes No
۵	In Part XIV, describe how the organization r			Nue and evne	
9	balance sheet, and include, if applicable, the	*		-	
	the organization's accounting for conservati	-	garnzation 3 h	mancial state	ments that describes
Part			res. or Othe	r Similar Ass	sets.
	Complete if the organization answere		-		
1a	If the organization elected, as permitted und	der SFAS 116, not to report in	ıts revenue s	tatement and	balance sheet works of
	art, historical treasures, or other similar asse				
	service, provide, in Part XIV, the text of the	footnote to its financial statem	ents that des	cribes these	items.
b	If the organization elected, as permitted und				
	historical treasures, or other similar assets to service, provide the following amounts relati	•	ation, or rese	earch in furthe	erance of public
	(i) Revenues included in Form 990, Part VII	II, line 1			▶ \$
	(ii) Assets included in Form 990, Part X.				► \$
2	If the organization received or held works of	fart, historical treasures, or otl	ner sımılar as	sets for finan	icial gain, provide the
	following amounts required to be reported u				
а	Revenues included in Form 990, Part VIII, li			•	▶ \$
b	Assets included in Form 990, Part X				▶ \$

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations	se in
a Public exhibition d Loan or exchange programs b Scholarly research e Other	se in
b Scholarly research e Other	se in
	se in
c Preservation for future generations	se in
	se in
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpor Part XIV.	
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, IV, line 9, or reported an amount on Form 990, Part X, line 21.	Part
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not	
ıncluded on Form 990, Part X?	. ∐ No
b If "Yes," explain the arrangement in Part XIV and complete the following table:	
Amount	
c Beginning balance 1c	0
d Additions during the year	
e Distributions during the year	
f Ending balance	
	X No
b If "Yes," explain the arrangement in Part XIV	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
	years back
1a Beginning of year balance . 0	1
b Contributions	<u> </u>
c Net investment earnings, gains,	
and losses .	
d Grants or scholarships .	2 3 2
e Other expenditures for facilities	, ,
and programs	
f Administrative expenses	
g Elid of year balance	* > '
2 Provide the estimated percentage of the year end balance held as:	
a Board designated or quasi-endowment %	
b Permanent endowment %	
c Term endowment %	
3a Are there endowment funds not in the possession of the organization that are held and administered for the	es No
· · · · · · · · · · · · · · · · · · ·	<u>'es No</u>
(i) unrelated organizations	
(ii) related organizations	
4 Describe in Part XIV the intended uses of the organization's endowment funds	 ,
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book (investment) basis (other) depreciation	. value
1a Land	21,300
b Buildings	154,655
c Leasehold improvements 0 35,247 0	35,247
d Equipment	14,975
e Other	<u>,,,,,</u>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	226,177

Page 3

Part VII	Investments—Other Securitie	s. See Form 990, Part X,	line 12.	
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Financial d	lerivatives	0		
	ld equity interests	0		
		0		
• · · · · · · · · · · · · · · · · · · ·		1 0		
		1		
		0		
		1 0		
		0		
		1 0		
				
		1 0		
Total. (Column ((b) must equal Form 990, Part X, col (B) line 12)	• 0	\$ 186 Kirk 19 19 \$ 18 Kirk 19	
Part VIII		ed. See Form 990. Part X.		**************************************
	(a) Description of investment type	(b) Book value	(c) Method of val	uation
	(a) Description of investment type	(b) Book value	Cost or end-of-year m	
·	- w ² "b"	0		······································
		0		
		0		
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		1 0		
		0		<u> </u>
		0		···
Total (Column)	(b) must equal Form 990, Part X, col (B) line 13)			v
Part IX	Other Assets. See Form 990,			
T WITE IA	Other Addets. Gee Form Goo,	(a) Description		(b) Book value
		(u) Becompact		0
				0
				0
				0
				0
				0
				0
				0
				0
Total (Col	lumn (b) must equal Form 990, Part X,	col (P) line 15.)	•	0
Part X	Other Liabilities. See Form 99		· · · · · · · · · · · · · · · · · · ·	1 0
	(a) Description of liability	(b) Amount	140.44.4.	/ X. %
1.		(b) Amount		
Federal Inc	come taxes			
				(př. ř.
-		-		·
		-		# \$ ×
		 	<u> </u>	*
				•
				₹ ,
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		1	_0 * :- * * * * * * * * * * * * * * * * *	` *
			_0	/. * ·
		<u> </u>		, .
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	• [0 🐧	3

Sched	dule D (Form 990) 2009		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I Statement	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,151,733
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,358,345
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-206,612
4	Net unrealized gains (losses) on investments	4	
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	9	C
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	10	-206,612
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	, , , , , , , , , , , , , , , , , , ,	
a	Net unrealized gains on investments		
b	Donated services and use of facilities	 [} -	
C	Recoveries of prior year grants	 ;;	
d	Other (Describe in Part XIV)		_
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	<u>C</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	- -	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	 	
b	Other (Describe in Part XIV.)		_
C	Add lines 4a and 4b	4c	0
5	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens		
1	Total expenses and losses per audited financial statements	4	1111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses	\dashv	
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	C
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	333	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	C
Pai	t XIV Supplemental Information		
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and part to provide any additional information.		

CHINA AID ASSOCIATION, INC. 42-1560745

Schedule D (Form:	1980) 2009	Page 3
Part XIV	Supplemental Information (continued)	

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

> ► Attach to Form 990. ▶ See separate instructions.

Name of the organization **Employer Identification number** CHINA AID ASSOCIATION, INC. 42-1560745 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the **United States** 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed) (c) Number of (d) Activities conducted in (b) Number of (e) If activity listed in (d) is (f) Total (a) Region offices in the employees or region (by type) (i e, a program service, expenditures for describe specific type of region agents in fundraising, program services, region grants to recipients located in region service(s) in region the region) 0 0 0 0 0 Ol 0 0 ol 0 0 O 0 0 0 0 0 0 0 0 0 0 0 ol 0 Ol 0 0 0 0 0 0

0

0

0

Totals

Schedule F	Schedule F (Form 990) 2009	Page
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,	Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	
	The Schodule E 4 (Form 000) if additional enacted	

(i) Method of valuation (book, FMV, appraisal; other)																
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(f) Manner of cash disbursement																
(e) Amount of cash grant	0	0	0	0	0	0	0	0	0	0	0	Ö	0	0	0	0
(d) Purpose of grant																
(c) Region																
(b) IRS code section and EIN (if applicable)	¢						,									
1 (a) Name of organization																

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . Enter total number of other organizations or entities

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Schedule F (Form 990) 2009

Page 3

CHINA AID ASSOCIATION, INC.

Schedule F (Form 990) 2009

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, other) appraisal, (g) Description of non-cash assistance 0 (f) Amount of assistance non-cash 241,110 Cash Payment 170,914 Cash Payment 92,931 Cash Payment (e) Manner of disbursement cash O 0 (d) Amount of cash grant 9 100 9 0 0 (c) Number of recipients East Asia and the Pacific East Asia and the Pacific East Asia and the Pacific Use Schedule F-1(Form 990) if additional space is needed. (b) Region Benevolence for families of persecuted Christians Legal representation to defend Chinese Christian handbook on religious freedom in China to be Research, training, and publication of legal (a) Type of grant or assistance provided for religious leaders. believers in prison.

Schedule F (Fe	orm 990) 2009 •	Page 4
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury organization entered more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

Name of the organization Employer Identification number CHINA AID ASSOCIATION, INC 42-1560745 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply 1 Mail solicitations е Solicitation of non-government grants а b Internet and email solicitations f Solicitation of government grants C Phone solicitations g Special fundraising events In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (i) Name of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to (or retained by) custody or control of or entity (fundraiser) from activity (or retained by) fundraiser listed in contributions? organization col (i) Yes No n 0 0 0 0 0 0 0 n 0 0 0 0 0 0 0 0 O 0 0 0 0 0 0 Total 0 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Page 2

Pa	rt li		S. Complete if the orga on Form 990-EZ, line 6			
		more than \$ 15,000	(a) Event #1 inual Fundraiser Dinr (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	47,875	0	0	47,875
Re	3	Less: Charitable contributions	0	0	0	0
		minus line 2)	47,875	0	0	47,875
	4	Cash prizes	0	0	0	0
	5	Noncash prizes .	0	0	0	0
enses	6	Rent/facility costs .	0	0	0	0
Direct Expenses	7	Food and beverages	6,340	0	0	6,340
Direct	8	Entertainment .	0	0	0	0
	9	Other direct expenses .	9,937	0	0	9,937
	10 11		mbine line 3, column (d),	and line 10 .		(16,277) 31,598
Pa	rț III	Gaming. Complete than \$15,000 on Fo	if the organization answ rm 990-EZ, line 6a	wered "Yes" to Form 99	90, Part IV, line 19, or re	eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				0
ses	2	Cash prizes				0
ect Expenses	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	Yes %	Yes% No	Yes% No	
	7	Direct expense summary	Add lines 2 through 5 in o	column (d)		(0)
	8	Net gaming income summ	ary. Combine line 1, colu	mn d, and line 7	<u> ▶</u>	0
9 a b	ls	nter the state(s) in which the the organization licensed to 'No," explain	o operate gaming activitie	-		Yes No
10a		ere any of the organization 'Yes," explain		ed, suspended or terminat	ted during the tax year?	10a
11 12	ls	pes the organization operat the organization a grantor, med to administer charitab	beneficiary or trustee of a		partnership or other entity	. 11

Page 3

				_		res	NO	_
13	Indicate the percentage of gaming activity operated in:							1
а	The organization's facility	13a		%				
	An outside facility	13b		%				٠
14	Enter the name and address of the person who prepares the organization's gaming/s		Levents books	Ť				:
'7	and records:	эроола	. Ovomo boomo					ŧ
	and records.							i
	Nama N				ł			ŀ
	Name ▶		·	-				ì
	Add A							
	Address -			-				
	The state of the s			ł				,
15a	Does the organization have a contract with a third party from whom the organization			-				.,
	revenue?			F	15a			-
b	If "Yes," enter the amount of gaming revenue received by the organization > \$		and the				ý	1
	amount of gaming revenue retained by the third party ▶ \$			İ			*	-
С	If "Yes," enter name and address of the third party							-
								-
	Name ▶			-				į
								1
	Address •			- ŀ				And the same
								1
16	Gaming manager information							i
	Name N					,		,
	Name ▶			- ?	`	ÿ	à	;
	Gaming manager compensation ▶ \$ 0				.	y	3	1
	Garning manager compensation				İ		*.	1
	Description of consists provided							-
	Description of services provided			-				1
	Director/officer Employee Independent contract)
	Director/onicei Employee independent contrac	, LOI			- 1			i
47	Mandatan, diatributions							1
17	Mandatory distributions	aam:=	a proposido to		j			-
а	Is the organization required under state law to make charitable distributions from the retain the state gaming license?	-	~ ·	-	 -			j
					17a		-	3
b	Enter the amount of distributions required under state law to be distributed to other en	xempt	organizations				,	1
	or spent in the organization's own exempt activities during the tax year \$ \$						<u> </u>	4

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

Open to Public Inspection

Employer identification number

	NA AID ASSOCIATION, INC	42-15	6074	5	
Pa	rt I Questions Regarding Compensation				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding to			Yes	No
	First-class or charter travel Housing allowance or residence for pers	onal use			
	Travel for companions Payments for business use of personal r	esidence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fee	1			`
			d.	*	<i>r</i> .
	Discretionary spending account Personal services (e.g , maid, chauffeur,	cnet)		4	. · ·
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding por reimbursement or provision of all of the expenses described above? If "No," complete Part III to save less.		 		
_	explain	· - -	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line		2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply.	d Sweet	,		* www.
	Compensation committee Written employment contract	Į.		, ,(4	
			χ.		100
	Form 990 of other organizations Approval by the board or compensation of	committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to th organization or a related organization	e filing			
а	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	· · · _	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	<u> </u>	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III.		G.	Ă,
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		200		* ^
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue ar	ıv İ			*
	compensation contingent on the revenues of				,
а	The organization?		5a		×
b	Any related organization?	[5b	i	Х
	If "Yes" to line 5a or 5b, describe in Part III	5	- 28		î.Zî
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue ar	ıy	***	1.8	
_	compensation contingent on the net earnings of	rea rea		_&	
a	The organization?	· · · ·	6a		_ <u>X</u> _
b	If "Yes" to line 6a or 6b, describe in Part III.	· · · · ·	6b	Xi:	_X_
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-	fived -		<u> </u>	2
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	iixed	7	Ī	Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that wa	as	•		
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," described in Regs section 53 4958-4(a)(3)?				
	ın Part III		8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described	ıın 📙			
	Regulations section 53 4958-6(c)?		9		

Page 2

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Part II

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

			- 15					
(A) Name		(i) Base (i) compensation	(II) Bonus & Incentive	٠ ا ^٠	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation reported in prior Form 990 or
				Compensation				
DOUG ROBISON	€	0.0	0	0	0	0.0	0	0
) E			O	0			
I OM WHILE	(ii)	0	0	0	0	0	0	0
KEVIN YOBK	(ı)	0	0	0		0		0
	(E)	5		0		0		0
BEAU BOULTER	€ €	0	0	0	0	0	0 0	0.0
	ε			0		0		0
CHARLES ERICASON	▣	0	0	0	0	0	0	0
	Ξ	0	0	0		0		0
	€	0		0	0	0	0	0
	€	0	0	0	Ö	0		0
	€	0		0	0	0	0	0
	€	0	0	0	0	0		0
	€	0		0	0	0	0	0
	€	0	0	0	0	0		0
	€	0		0	0	0	0	0
	€	0	0	0	0	0		0
	(E)	0		0	0	0	0	0
	€	0	0	0	0	0		0
	€	0		0		0	0	0
	€	0	0	0	0	0	0	0
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	€	0	0	0	0	0	0	0
	€	0		0	0	0	0	0

Schedule J (Form 990) 2009

Page 3

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
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Schedule J (Form 990) 2009

SCHEDULE J-1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule J (Form 990)

Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.
 See Instructions for Schedule J (Form 990).

OMB No 1545-0047

Open to Public

Inspection Employer Identification number

42-1560745 CHINA AID ASSOCIATION, INC.

Part Continuation of Officers, Directors, Trustees, K	ireci	tors, Trustees, I	(ey Employees,	and Highest Co	Compensated Emp	Employees (Schedul	le J, Part II)	•
		(B) Breakdown of V	W-2 and/or 1099-MI	SC compensation	(C) Retirement and			(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)–(D)	reported in prior Form 990 or Form 990-EZ
	(i)	0	0		0	0		0
)	(ii) [0	0	0	0	0	0
	(E)	0	0		0	Ö		0
)	(ii)	0		0	0	0		0
] (i)	o	0		0	0		0
)	(ii)	0	0	0	0	0		0
	(i)	0	0		0	0	0	0
	⊞	0	0	0	0	0		0
] (i)	0			0	0	0	0
	(ii)	- 1			0	0		0
	⊕	0	0		0	0		0
)	(II)	0			0	0		0
] (:)	0	0		0	0		0
	Œ	0	0		0	0		0
] (ε)	0	0		0	0		0
	(ii)	0			0	0		0
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	(E)				0	0		0
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	(ii)	0			0	0		0
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	€	0			0	0		0
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	≘	0	0	0	0	ō	0	0
	(ii)	0		0	0	0		0

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

Schedule J-1 (Form 990) 2009

SCHEDULE O (Form 990) ·

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer Identification number Name of the organization CHINA AID ASSOCIATION, INC 42-1560745 Form 990, Part VI, Section B, Line 15a--The Executive Director's compensation was based on a reviw and approval by the Board Board of Director's relying on comparability study performed by the Christian Leadership Alliance. This process was complete/ decided at the 11/08 Bd meeting Form 990, Part VI, Section B, Form 15b--The VP for Domestic Operations compensation was based on a review and approval by the Board of Director's relying on comparability study performed by the Christian Leadership Alliance. This process was completed/ decided at the 11/08 Bd. meeting

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Form 4562 Statement - 990	ent - 990	ŀ									12	12/31/2009		
Item Description of No Property	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Special Allowance	Salvage Value	Recovery Basis	Recovery Penod	Method	Conv	Prior Accum Deprec , 179, Bonus	2009 Deprec	2009 Accum Deprec
Depreciation Detail														,
MACRS deductions for prior years (Line 17)	years (Line 17		300		(•	(9	·			,	,	
3 LAPIOP COMPUIER	10/25/2004	ρų	100 00%	2,190	0	0 0	o c	2,190	יי מ	SUCUE SI /GDS		1,747	97L 98	1,8/3
5 SONY NOTEBOOK CC	•	φ	100 00%	1,600	0	0	0	1.600	, ro	200DB	È	1.187	92	1.279
6 BUILDING	1/1/2008	R-5	100 00%	154,655	0	0	0	154,655		SUGDS	_	3,806	3,965	177,7
7 LEASEHOLD IMPROV		R-7	100 00%	34,247	0	17,124	0	17,123		SU/GDS		17,695	1,142	18,837
Total MACRS deductions for prior years (Line 17)	ns for prior yea	rs (Line		193,556	0	17,124	0	176,432				25,151	5,411	30,562
GDS 7-year property (Line 19c) 9 OFFICE EQUIPMENT	9c) 6/30/2009 F-11		100 00%	8,626	0	4,313	0	4,313	7	200DB	¥	0	616	4,929
Total GDS 7-year property (Line 19c)	erty (Line 19c)		1 1	8,626	0	4,313	0	4,313				0	616	4,929
GDS 15-year property (Line 19e) 8 LEASEHOLD IMPROV	1 9e) 6/30/2009	R-7	100 00%	1,000	0	200	0	200	15	SU/GDS	¥	0	17	517
Total GDS 15-year property (Line 19e)	perty (Line 19e)		1 1	1,000	0	200	0	200			' '	0	17	517
Subtotal Depreciation	ation		1 1	203,182	0	21,937	0	181,245			, ,	25,151	6,044	36,008
Total Depreciation and Amortization	n and Amo	rtizatic	ا چ	203,182	0	21,937	0	181,245			•	25,151	6,044	36,008

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return.

Sequence No 67

CHINA AID ASSOCIATION, INC 990 42-1560	ing number	
PETER Election To Evnance Cortain Droparty Under Section 179	0745	
Part I Election To Expense Certain Property Under Section 179		
Note: If you have any listed property, complete Part V before you complete Part I.	141	050.000
1 Maximum amount. See the instructions for a higher limit for certain businesses	$\cdot \cdot \cdot \cdot \frac{1}{2} $	250,000
2 Total cost of section 179 property placed in service (see instructions)		8,626
3 Threshold cost of section 179 property before reduction in limitation (see instructions)		800,000
4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0	. 4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing	_	050 000
separately, see instructions	5	250,000
6 (a) Description of property (b) Cost (business use only) (c) E	Elected cost	4 4
		1.0
7 Listed property. Enter the amount from line 29		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	· · · · - 	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562.	. 10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instruction		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ 13	0 *	
Note: Do not use Part II or Part III below for listed property. Instead, use Part V.		
Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property	(See instruc	tions.)
14 Special depreciation allowance for qualified property (other than listed property) placed in service	11	
during the tax year (see instructions)	14	4,813
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	. 16	
Part III MACRS Depreciation (Do not include listed property.) (See instructions)	. 16	
Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A		
Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009		5,411
Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more		5,411
Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009		5,411
MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more	<u>17</u>	5,411
Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation		
MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation (b) Month and (c) Basis for (d) Recovery (e)	n System	5,411
MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation (b) Month and (c) Basis for (d) Recovery (e)	n System	(g)
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