

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

	For the	e 2009 calend	lar year, o	or tax year beginni	ng Jun 1	, 201	19, and endin	g May	31		2010
В	Check if	applicable		C Name of organization	on				D Employ	er Identific	ation Number
	Add	fress change	Please use IRS label	CHILD FOUND	ATION, INC				93-1	114860	08
	Nan	ne change	or print or type	Number and street	(or P O box if mail is not	delivered to stree	addr) Room/s	uite	E Telepho	ne number	· —
	Initi	al return	See specific	PO BOX 463			J		(503	3) 698	3-4084
	Terr	mination	Instruc- tions	City, town or countr	у	Sta	te ZIP code + 4				-
	X Ame	ended return		Portland		OI	R 97207		G Gross re	eceipts \$ 2	2,020,458.
	∏ ADD	dication pending	F Name a	and address of principal of	officer			H(a) is this	a group return	n for affiliat	es? Yes tX No
		, ,	Dr. Asad	d Azemı PO Box	463 Port	land (OR 97207		affiliates incl		Yes No
ī	Tax-e	exempt status				947(a)(1) or	527	If 'No,'	attach a list	(see instruc	ctions)
1				Ldfoundation				H(c) Group	exemption nu	mber ►	
ĸ	Form		X Corpora		Association Other		L Year of Format	tion 199	4 M s	tate of lega	I domicile OR
Pa	ırt I	Summa			!!			-			· · · · ·
		Briefly describ	e the org	anization's mission	or most significant	activities	Humanıta	rian A	id		
•	i _										
anc	_	-				_			. 		
Activities & Governance	_	. 									-
300					discontinued its ope		posed of mor	e than 25	% of its as		
ತ					ng body (Part VI, lin		. 16)		}	3 4 4 4	
ies	1			yees (Part V, line 2	f the governing body	y (Fart VI, IIII	s 10)		}	5 8	
ΞΞ				eers (estimate if ne					1	6 50)
Ac				•	om Part VIII, Icolumi	n (C), ine 12				7a	0.
					m Form 990-T, line				•	7 b	
								Р	rior Year		Current Year
_	8 (Contributions	and gran	ts (Part VIII, line 1h	1)				,773,7	89.	2,019,334.
Revenue	7		_	ue (Part VIII, line 2	•				<u> </u>		-/ :3:/
Ş		•		art VIII, column (A),	. ,				1,7	43.	1,124.
æ					5, 6d, 8c, 9c, 10c,	and 11e)					
_	J				nust equal Part VIII,		ine 12)	1	,775,5	32.	2,020,458.
					column (A), lines 1			1	,049,0	00.	1,255,765.
	14 E	Benefits paid	to or for r	members (Part IX.	column (A), line 4)						
_	15	Salaries, other compensation templored benefits (Part IX, column (A), lines 5-10)							224,373.		325,407.
Ехрепэез	16a Professional fundaising fees (Part IX, column (A), line 11e)										
ber			1) K	- Jsesu(Part JX, solun	I CO J II		78,107.	7			4.40 8.1
ũ				TAN A 45, ZUTT X, column (A), line		-	7 7 7 7 7 7		428,9	20	275,892.
					ual Par IX, column	(A) line 25)		1	,702,2	$\overline{}$	1,857,064.
				S S D Fe Nine 18		(A), fille 25)		ļ <u>-</u>	73,2		163,394.
- 2	13 1	(everiue less	expense.	s)(Subspecture 10				 			
*8	20 7	Fotol aggets (f	Dort V Iv	ma 16)				Begin	nning of Ye		End of Year
AB		Fotal assets (l Fotal liabilities						-	358,8 13,0		528,304. 19,098.
Net Assets or Fund Balances	l		•	•	21 from lune 20						
	rt II	Signatu		ances Subtract line	21 from line 20				345,8	12.	509,206.
••							<u></u>				den and field A. A. a.
		true, correct, ar	nd complete	Declaration at preparer	nined this return, including (other than officer) is base	d on all informati	on of which prepa	ements, and arer has any	to the pest of knowledge	r my knowie	eage and belief, it is
Sig	ın	>						11	0/01/1	n	
He		Signature of	of officer					Da	-//-	<u> </u>	
		Mason	0 80 K	artes, MPA				Eveci	ıtive N	(anage	r
			nt name and					DACC	ICT VE I	lattage	: L
					Digitally signed by Jac	olyn Wheatley	Date		heck if	Prepa	rer's identifying number instructions)
Pa	id			CAN-	DN cn=Jacolyn Wheat	tley, o, ou,		se	olf	(See)	nstructions)
Pre		Preparer's signature	>	./	email=jcwcpa@gmail@ Date 2010 11 09 11 09		11/09/1			eatle	7
pa	rer's		. Toc	olun C What			111/03/1	vaco _t y	Tr C MII	edite	<u> </u>
Ùs	е	Firm's name (o yours if self			tley CPA LLO			 _	. b-		
On	lly	address, and		Box 82071		OB 070	102	E		/E021	903 3607
	. 41 15	ZIP + 4		tland		OR 972	.02	IPI	none no	<u>(503)</u>	803-3697
_					own above? (see in		etion-		TECANO	——-	X Yes No
ďΑ	a rori	rrivacy Act at	na raper	WORK REDUCTION AC	t Notice, see the se	parate instru	LUU115.		TEEA0101	07/20/09	Form 990 (2009)

Form 990 (2009) CHILD FOUNDATION, INC	93-1	148608	Page 2						
Part(III) Statement of Program Service Accomplishments	_								
1 Briefly describe the organization's mission									
Humanitarian Aid									
			-						
2 Did the organization undertake any significant program services during the year which were not list	sted on the prior								
Form 990 or 990-EZ?	.	Yes	X No						
If 'Yes,' describe these new services on Schedule O									
3 Did the organization cease conducting, or make significant changes in how it conducts, any progr	am services?	Yes	X No -						
If 'Yes,' describe these changes on Schedule O		_	_						
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 \$1,602,129. Including grants of \$ See Program Accomplishments under Additional Info	0.) (Revenue	\$ 2,0	19,334.)						
			-						
									
	. .								
4b (Code) (Expenses \$ including grants of \$) (Revenue	\$)						
	· -								
	-								
			-						
4c (Code) (Expenses \$ including grants of \$) (Revenue	\$)						
		·							
			 -						
									
									
									
4d Other program services (Describe in Schedule O)									
	venue \$)						
4e Total program service expenses ► 1,602,129.		-							

_	1990 (2009) CHILD FOUNDATION, INC 93-114860	8	F	age:
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
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,' 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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,' complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, 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 Schedule D, Part VI	18		
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 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	ħ		
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	1		
	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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
12.4	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X	1		
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	1440 3 Ker	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, 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	16	_	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) CHILD FOUNDATION, INC

Rart 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 in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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		х
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? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	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, and 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		x
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		х
t	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
RAA		Form	990 (20091

Page 5

Form 990 (2009)

BAA

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 0 Information Returns Enter -0- if not applicable 1ь 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 Х (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 8 calendar year ending with or within the year covered by this return 2b X 2b 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 instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a X this return 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a X financial account in a foreign country (such as a bank account, securities account, or other financial account) b If 'Yes,' enter the name of the foreign country ► See Foreign Countries See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5ь Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6a solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6ь deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 70 X 7 d 3 d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X benefit contract? 7 f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7** g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the 4 supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 X holdings at any time during the year? î. 9 Sponsoring organizations maintaining donor advised funds. 9a Х a Did the organization make any taxable distributions under section 4966? 9b X b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11_b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 台灣 经磁气机 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.

Sec	tion A.	Governing Body and Management						
					Yes	No		
1 a	Enter the	number of voting members of the governing body	1a 4	A 72	7.3.4			
		number of voting members that are independent	1 b 4			100		
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relative function of the contract of the	ationship with any other	2	X	40.54		
3	Did the o	rganization delegate control over management duties customarily performed by or un s, directors or trustees, or key employees to a management company or other person	der the direct supervision	3		х		
4		rganization make any significant changes to its organizational documents	,	4		X		
•		prior Form 990 was filed?		<u> </u>	-			
5		rganization become aware during the year of a material diversion of the organization	's assets?	5		х		
6		organization have members or stockholders?		6		X		
		organization have members, stockholders, or other persons who may elect one or mi	ore members of the	7a				
ь	•	decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7 b		X		
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
-		erning body?		8a	X	()		
	_	nmittee with authority to act on behalf of the governing body?		8ь	Х			
	Is there	any officer, director or trustee, or key employee listed in Part VII, Section A, who cann	not be reached at the	9		v		
500	 	tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O Policies (This Section B requests information about policies not	required by the Interna			<u> </u>		
		•	required by the interna	,				
Reve	nue Code	·/			Yes	No		
10-	Door the	organization have local chapters, branches, or affiliates?		10a	X	-140		
		•		100				
	and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?		10b	X			
		organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	X	人。 建铁铁铁		
		in Schedule O the process, if any, used by the organization to review this Form 990		334				
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х			
	to conflic			12b	Х			
	Schedul	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12c	х			
		organization have a written whistleblower policy?		13	Х	<u> </u>		
14	Does the	organization have a written document retention and destruction policy?		14	X	o iiikii kan kal		
15	Did the persons,	process for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?		Á			
a	The orga	nization's CEO, Executive Director, or top management official		15a	Х			
t	Other of	icers of key employees of the organization		15b	X			
	If 'Yes' t	Inne 15a or 15b, describe the process in Schedule O (See instructions)						
16 a	Did the o	organization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	arrangement with a taxable	16a		X		
t	If 'Yes,'	nas the organization adopted a written policy or procedure requiring the organization tenture arrangements under applicable federal tax law, and taken steps to safeguard to the respect to such arrangements?	to evaluate its participation the organization's exempt	16b				
Sec	tion C.	Disclosures						
17	List the	states with which a copy of this Form 990 is required to be filed See States Form	990 Filed In		. .			
18	Section	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	for pu	iblic		
	X Owr	website Another's website X Upon request						
19	Describe stateme	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public	ents, conflict of interest polic	y, and	financ	al		
		e name, physical address, and telephone number of the person who possesses the bo						
	-CHITE	FOUNDATION INC 1220 SW MORRISON SUITE 500 PORTLAND C	<u> </u>	<u>(03)</u>	224-	0490		

BAA

Page 7

Form 990 (2009)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII 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 organizations'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 employees.'
- 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 compensate any current officer, director, or trustee (A) (B) (c) (E) (F) Average hours per week Position (check all that apply) Reportable compensation from Estimated amount of other Name and Title Reportable compensation from amount of othe compensation from the organization and related organizations urshibboaal trustee erriployee ב כעי חבו Highest avinpiansated adivida el le ascer the organization (W-2/1099 MISC) lated organization (W 2/1099-MISC) 2 essiployee ĝ Dr. Asad Azemi 10.00 0. President Х X 0 0 Mr. Payman Rafooi, MA, PsyD 5.00 Х X 0 0. 0. Treasurer Mr. Navid Seyedali 5.00 Х X 0 0 0. Secretary Dr. Akbar Farahani Member 5.00 Х 0. 0. 0. Masoud Modarres, MPA 40.00 0. X 70,000 0 Executive Manager Dr. Mehrdad Yasrebi 0.00 0 0. Former President X 0 Ms. Saideh Sharif-Kazemi 0. 0 Former Secretary 0.00 X 0.

TEFA0107 11/10/09

Part VIII Section A. Officers, Directors, Trus	tees, P	(еу	Em	plo	oye	es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A)		(B) (c) (D) Average Position (check all that apply) Reportable						(E)	(F)	
Name and Title						т-	1 .	Reportable compensation from	Reportable compensation from	Estimated amount of other
	nours per week	ndivi	Institutional trustee	Officer	Key e	Highest compensa employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		dual ector	ition	-4	employee	st co	ᅋ			organization and related
		trust	al tru		yee	mpe				organizations
		æ	stee							
						ã.				
					_	<u> </u>				
										
										<u>.</u>
					-		-			
								<u>.</u>		
		Ш			_		<u> </u>			
					-		-			
				i			İ			
1 b Total							>	70,000.	0.	0.
2 Total number of individuals (including but not limited	to those	e list	ed a	abov	/e) v	who	rece	eived more than \$	100,000 in reportabl	e compensation
from the organization	 -									Yes No
3. Did the assessment on that any favores officer discretes							احد ما	haak aaa		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	or truste dividual	е, к	еу е	mpi	oyee	e, or	nıg	nest compensated	employee	3 X
4 For any individual listed on line 1a, is the sum of rep	ortable	com	pen	satio	on a	nd d	ther	r compensation fro	ρṃ	
the organization and related organizations greater th	an \$150	,000) / It	Ye	S' C	omp	lete	Schedule J for su	ch	4 X
5 Did any person listed on line 1a receive or accrue co	mnensa	ition	fror	n ar	W 11	nrel:	ated	organization for s	enuces	
rendered to the organization? If 'Yes,' complete Sche	edule J i	or s	uch	pers	son		aicu	- Organization for s	oci vices	5 X
Section B. Independent Contractors	4						L . T		4100 000 /	
Complete this table for your five highest compensate compensation from the organization	a inaepe	enae	ent c	ontr	acto	ors t	nat	received more tha	n \$100,000 of	
(A)								(B)	,	(C)
Name and business address	5							Description of	of Services	Compensation
										
	-									
										· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors (including b	out not li	mite	d to	tho	se I	isted	d ab	ove) who received	more than	AND THE RESERVE

\$100,000 in compensation from the organization >

			1			l
\$ \$,	,	٠, ،	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f 2 a b c d	2,019,334. Business Code	2,019,334.	revenue		512, 513, or 514
PROGRAM	e f All other program service revenue g Total. Add lines 2a-2f	-		* .	35 m.s	
	 Investment income (including dividends other similar amounts) Income from investment of tax-exempt Royalties 	•	1,124.	0.	0.	1,124.
	6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)	(ii) Personal				
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)	(ii) Other				
OTHER REVENUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$	a de la contraction de la cont		The state of the s		
	9a Gross income from gaming activities See Part IV, line 19					and the second s
	10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue	altory Business Code	14			
	b d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	>	2,020,458.	0.	0.	1,124.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must con	1	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,500.	2,500.	· · · · · · · · · · · · · · · · · · ·	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,253,265.	1,253,265.		- #
4	Benefits paid to or for members			, w , s,	, + 35
5	Compensation of current officers, directors, trustees, and key employees	70,000.	23,800.	23,800.	22,400.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	198,935.	170,679.	17,176.	11,080.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				·
9	Other employee benefits	34,133.	26,107.	4,010.	4,016.
10	Payroll taxes	22,339.	15,120.	4,661.	2,558.
11	Fees for services (non-employees)				
á	Management				
ŀ	L egal	71,535.	0.	71,535.	0.
•	Accounting	8,000.	0.	8,000.	0.
(d Lobbying				
•	Prof fundraising svcs See Part IV, In 17		為 1.7 海绵 磁	数"多点多"。	
f	Investment management fees				
ç	Other	34,638.	22,879.	8,399.	3,360.
12	Advertising and promotion	6,648.	4,321.	1,662.	665.
13	Office expenses	6,163.	2,843.	2,721.	599.
14	Information technology	893.	893.	0.	0.
15	Royalties				
16	Occupancy	29,780.	5,029.	11,675.	13,076.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	5,039.	5,039.	0.	0.
	Conferences, conventions, and meetings				
20	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	5,205.	1,301.	3,383.	521.
	Insurance	4,258.	2,768.	1,064.	426.
24	Other expenses Itemize expenses not covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	Parking	300.	0.	300.	0.
	Bank & Merchant Fees	25,702.	23,073.	2,629.	0.
	Telephone	11,221.	3,110.	4,992.	3,119.
	Licenses	3,617.	0.	1,437.	2,180.
	e Import/Export Fees	14,685.	14,685.	0.	0.
	All other expenses	48,208.	24,717.	9,384.	14,107.
	Total functional expenses. Add lines 1 through 24f	1,857,064.	1,602,129.	176,828.	78,107.
	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				
BAA					Form 990 (2009)

Page 11

(A) Beginning of year End of year 1 Cash - non-interest-bearing 232,906. 302,722. 2 Savings and temporary cash investments 41,531 2 147,655. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) La Contraction and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 76,413 9 75,153 9 Prepaid expenses and deferred charges 10 a 39,572 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 36,798 7,979 **b** Less accumulated depreciation 10 c 2,774. 11 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 Other assets See Part IV, line 11 15 528,304. 16 Total assets Add lines 1 through 15 (must equal line 34) 358,829 16 Accounts payable and accrued expenses 7,446 17 13,885. Grants payable 18 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 5,571 25 5,213. 26 Total liabilities. Add lines 17 through 25 13,017 26 19,098 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 5,590 27 -220,620. Unrestricted net assets 27 Temporarily restricted net assets 340,222 28 729,826. 29 Permanently restricted net assets 29 ĕ Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 345,812. 33 509,206.

BAA

34

Total liabilities and net assets/fund balances

528,304. Form 990 (2009)

358,829.

34

93-11	48608	Page 1

Form	990	(2009)	CHILD	FOUNDATION,	TNC
CITT	220	(2005)	, Сити	FOUNDATION,	T110

Financial Statements and Reporting Part XI Yes No X Accrual Other 1 Accounting method used to prepare the Form 990 Cash If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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? 2с If the organization changed either its oversight process or selection process during the tax year, explain ın 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 Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3*a* X 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

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

varne or	uie o	rganization							Employe	ridentifica	uon number
CHII		FOUNDATION,								148608	3
Part	<u> </u>	Reason for Pul	olic Charity Statu	is (All organizations	must o	comple	te this	part)	See i	nstruct	ions
The or	ganı	zation is not a privi	ate foundation becaus	se it is (For lines 1 throu	gh 11, cl	neck onl	y one bo	ox)			
1	_ △	A church, conventio	n of churches or asso	ciation of churches desc	ribed in :	section	170(b)(1	χΑχi).			
2		school described	ın section 170(b)(1)(A	A)(ii). (Attach Schedule E	()						
3		A hospital or coope	rative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(iı	i).			
4		A medical research	organization operated	d in conjunction with a ho	spital de	scribed	ın secti	on 170(b)(1)(A)	(iii) Ente	er the hospital's
		name, city, and stat							. 		
5		An organization ope 70(b)(1)(A)(iv). (C	erated for the benefit of omplete Part II)	of a college or university	owned o	r operat	ed by a	governr	mental u	ınıt descr	ribed in section
6	_	·	•	overnmental unit describ							
7 [in section 170(bx1)(A)(vi). (Complete Part III)									
8 J	╝	A community trust of	lescribed in section 1	70(b)(1)(A)(vi). (Complete	e Part II)					
9	— fi ir	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	_ ^	An organization org	anized and operated	exclusively to test for put	olic safet	y Sees	ection 5	509(a)(4).		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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										
	а	ı 🔲 Type I	b Type II	c 🗌 Type II	I — Fund	tionally	integrate	ed		d 🗌	Type III— Other
e [一 tl	By checking this both han foundation mail (09(a)(2).	x, I certify that the org nagers and other than	ganization is not controlle none or more publicly su	ed directl pported	y or indi organiza	rectly by itions de	y one or escribed	more d in secti	isqualifie on 509(a	d persons other a)(1) or section
f	l1 C	f the organization re heck this box	eceived a written dete	ermination from the IRS t	hat is a	Гуре I, Т	Гуре II о	r Type I	II suppo	rting org	anization,
g	S	Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	tion fron	n any of	the foll	owing p	ersons ⁷	
									4.5		Yes No
	(i			controls, either alone or to apported organization?	ogether v	vith pers	sons des	scribed	ın (ii) an	id (III)	11g (i)
	(i		per of a person descr								11 g (ii)
		•	· ·	described in (i) or (ii) ab	ove?						11 g (iii)
h	•	-	,	ne supported organization							, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	-	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1.9 above or IRC section (see instructions))	(iv) organizat (i) listed	s the ion in col I in your rning ment?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amount of Support
					Yes	No	Yes	No	Yes	No	. =
				<u> </u>	ļ						
											<u></u>
		·		4	1 . ,				ļ;		
T-4-1						1,3, 4	1	***	1100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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

Schedule A (Form 990 or 990-EZ) 2009

Sche	edule A (Form 990 or 990-EZ) 200	ם כשוות בכ	NIMPATTON :	TNC		93-114860	8 Page 2			
	t II Support Schedule for				(b)(1)(A)(iv) ar					
	(Complete only if you checke	-								
Sec	tion A. Public Support	.,				· · · · · · · · · · · · · · · · · · ·				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,581,542.	1,605,832.	1,612,030.	1,773,789.	2.019.334.	8,592,527.			
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						-			
4	Total. Add lines 1-through 3	1,581,542.	1,605,832.	1,612,030.	1,773,789.	2,019,334.	8,592,527.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4						8,592,527.			
Sec	tion B. Total Support					,				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	1,581,542.	1,605,832.	1,612,030.	1,773,789.	2,019,334.	8,592,527.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalities and income form similar sources	1,575.	1,246.	0.	1,743.	1,124.	5,688.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10						8,598,215.			
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12				
13	First five years. If the Form 990 organization, check this box and		ition's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3)) ▶ □			
Sec	tion C. Computation of Pu	blic Support P	ercentage							
14	., .		• • • • • • • • • • • • • • • • • • • •	11, column (f)		14	99.93%			
15	Public support percentage from 2	2008 Schedule A, I	Part II, line 14			15	99.94%			
16 a	a 33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more, che	ck this box ► X			
t	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or more, che	eck this box			
17 a	a 10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	nd-circumstances	test, check this b	ox and stop here.	. Explain in Part I\	/ how			
ł	b 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.									

BAA

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

Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2008 (e) 2009 (a) 2005 (c) 2007 (f) Total Calendar year (or fiscal yr beginning in) **(b)** 2006 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line Merchall of the · YOR - S. CAR. THE WAY 7c from line 6) Section B. Total Support (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV	Suppl	90 or 95	al Info	rmati	CHII	omple	te this	nart t	O Drovi	de the	evolar	nations	requir	<u>3-114</u> ed hv F	Part II	line 10:	age 4
Part IV	Part II	, line	17a or	17b;	and P	art III	, line 1	2. Pro	vide a	ny othe	er addi	tional	nforma	tion S	ee inst	ructions	<u> </u>
	- -																
							- -			- – – –' –						-	
					-												
							. – – –			-			_	-			
		. 			-		. .										
														-			
														-			
		· -												-			
				- -			- -			. – – – –							-
_				. – – –													
					_ .					. 				_ 			 -
	- -																- ·
		- 						-						-			
														-			
				-						. 							
_						- -				- 				-			
						- -								_			
							 .			_ _							-
	_ _																
								- -									
									 -	- -				-			
				-			. .										
					 = =		 =		. _ = -	. 	 -			-			
																	_

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Open to Public Employer Identification number

CHI	LLD FOUNDATION, INC			93-1148608
Pai		or Advised Funds or Oth	er Similar Funds or	Accounts Complete if
	the organization answered 'Yes'	to Form 990, Part IV, Im	e 6.	
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	,,		
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 dor funds are the organization's property, subject			sed Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or don	ng that grant funds may bor advisor or for any othe	oe er Yes No
Pai	t.II Conservation Easements Compl		nswered 'Yes' to Fo	rm 990. Part IV. line 7.
1	Purpose(s) of conservation easements held by			230, 2.0, 1, 1, 1110 / 1
•	Preservation of land for public use (e.g., r	, •		storically important land area
	Protection of natural habitat		Preservation of certif	- '
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservatio		
			- *	Held at the End of the Year
á	a Total number of conservation easements			2a
ŀ	Total acreage restricted by conservation ease	ments	<u> </u>	2b
•	Number of conservation easements on a certification	fied historic structure included	`''	2c
	Number of conservation easements included in	* * * * * * * * * * * * * * * * * * * *	<u> </u>	2d
3	Number of conservation easements modified,	transferred, released, extingui	shed, or terminated by th	e organization during the tax
	year >			
4	Number of states where property subject to co	onservation easement is locate	d ►	
5	Does the organization have a written policy re and enforcement of the conservation easemer	nt it holds?		violations, Yes No
6	Staff and volunteer hours devoted to monitoring the year -	ng, inspecting, and enforcing c	onservation easements	
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conse	rvation easements	\$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of section	Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements	ports conservation easements to the organization's financial s	n its revenue and expens itatements that describes	se statement, and balance sheet, and the organization's accounting for
Pai	Complete if the organization ans	ections of Art, Historica swered 'Yes' to Form 990	Treasures, or Othe), Part IV, line 8	er Similar Assets
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or res	earch in furtherance of p	palance sheet works of art, historical ublic service, provide, in Part XIV,
l	 If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items 	r SFAS 116, to report in its rev lic exhibition, education, or res	enue statement and bala earch in furtherance of p	nce sheet works of art, historical ublic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	, line 1		► \$
	(ii) Assets included in Form 990, Part X			►\$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 relating to these items	r sımılar assets for fınanc	cial gain, provide the following
á	a Revenues included in Form 990, Part VIII, line	e 1		► \$
1	Assets included in Form 990, Part X			* \$

Schedulo D (Form 990) 2009 CULT F	שעעונגווטש ר	TON	TNC			02_11	10600		Docs 3
Part III Organizations Mainta	FOUNDAT			orical Tr	easures o	93-114 r Other Similar As		contini	Page 2
Using the organization's acquisition items (check all that apply)			,			-			
a Public exhibition			d Loan	or exchan	ge programs				
b Scholarly research			e Other						
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV	nization's collec	ctions a	nd explain how	they furth	er the organiz	zation's exempt purpose	e in		
5 During the year, did the organizat assets to be sold to raise funds ra							Yes		No_
Part IV Escrow and Custodia 9, or reported an amo					tion answe	red 'Yes' to Form 9	990, Pa	ert IV,	line
1a Is the organization an agent, trust included on Form 990, Part X?					utions or othe	er assets not	Yes		
b If 'Yes,' explain the arrangement							□ .03		
and the second s				9	•		Amour	nt	
c Beginning balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an ar	mount on Form	n 990, F	Part X, line 21?				Yes		No
b If 'Yes,' explain the arrangement	ın Part XIV								
Rart V Endowment Funds Co	mplete if or	ganıza	ation answer	ed 'Yes'	to Form 9	90, Part IV, line 10			
	(a) Current y	year	(b) Prior year	г (c) Two years bad			Four year	
1 a Beginning of year balance								A Amai	e Min
b Contributions				; - 1		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1		F/8/96'A.
c Net Investment earnings, gains, and losses									
d Grants or scholarships					Y DKGW.	的 李确解外。	19 , 45 F.L	K	汉称 9 月
Other expenditures for facilities and programs					* 140%	在自己的一个	東		
f Administrative expenses				:4:42	1 10 2 11	- ' '''			HOW!
g End of year balance					** 1823 x	. DECK (40)	, 12 m		W. 11
2 Provide the estimated percentage		nd balar	nce held as						
a Board designated or quasi-endow	ment >		⁸						
b Permanent endowment	%								
c Term endowment ►	%								
3a Are there endowment funds not in	the possession	on of th	e organization th	hat are he	ld and admin	stered for the	1	V	T
organization by							200	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations b if 'Yes' to 3a(ii), are the related or	raanizations lis	stad as	roquired on Sch	adula D2			3a(ii) 3b		
4 Describe in Part XIV the intended	•		•				30		
Part-VI Investments—Land, B					990 Part X	line 10			
Description of investment			or other basis		st or other	(c) Accumulated	(4)	Book V	alue
			vestment)		other)	Depreciation	(0)		
1 a Land	Ĺ					an 養 15 財子()			
b Buildings				<u>.</u>	<u>-</u> .				
c Leasehold improvements	Ĺ								
d Equipment					39,572.	36,798.		2	,774.
e Other									
Total. Add lines 1a through 1e (Column	ı (d) must equa	al Form	990, Part X, co	lumn (B),	line 10(c))	>	·		<u>,774.</u>
BAA						Sche	dule D (Form 99	90) 2009

Schedule D (Form 990) 2009 CHILD FOUNDATION,	INC	93-11	48608 Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iir	ne 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation rket value
Financial derivatives			
Closely-held equity interests			
Other			
		1,3,000	·
			<u> </u>
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		< 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Part VIII Investments-Program Related (See F	orm 990. Part X. I	ine 13)	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
(a) Bescription of investment type	(b) Book value	Cost or end-of-year ma	rket value
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) ►			1 . 5
Part IX Other Assets (See Form 990, Part X,	line 15)		
(a) De	scription		(b) Book value
	•		
			<u> </u>
	•		
			
Total. (Column (b) must equal Form 990, Part X, col (B), lin		<u> </u>	
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Payroll Tax Liabilities	5,21	3.	
· · · · · · · · · · · · · · · · · · ·			ر الله الله الله الله الله الله الله الل
	ļ		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	5,21	3.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. FIN 48 Footnote In Part XIV, provide the text of the footnote			rganization's liability
for uncertain tax positions under FIN 48			

	dule D (Form 990) 2009 CHILD FOUNDATION, INC		148608	Page 4
Pai	t XI. ^a Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			2,020,458.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1	.,857,064.
3	Excess or (deficit) for the year Subtract line 2 from line 1			163,394.
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses		ļ	
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8		<u> </u>	- · · · · · · · · · · · · · · · · · · ·
	Excess or (deficit) for the year per audited financial statements. Combine lines 3	· · · · · · · · · · · · · · · · · · ·	!	163,394.
	t XII» Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Retur		
	Total revenue, gains, and other support per audited financial statements	1	2	2,020,458.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments	2a		
	Donated services and use of facilities	2b	<u>g</u>	
	Recoveries of prior year grants	2c		
	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d	2		
	Subtract line 2e from line 1	3	2	2,020,458.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b	4	_	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	<u> </u>	2,020,458.
	t*XIII Reconciliation of Expenses per Audited Financial Statem	ents with Expenses per Re		057.064
	Total expenses and losses per audited financial statements	<u> </u>	1 T	<u>,857,064.</u>
	Amounts included on line 1 but not on Form 990, Part IX, line 25		34 15	
	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIV)	2d		
	Add lines 2a through 2d Subtract line 2e from line 1	2		057.064
_			1	,857,064.
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investments expenses not included on Form 990, Part VIII, line 7b	4.0		
	Other (Describe in Part XIV)	4a 4b		
	Add lines 4a and 4b	4	***	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		,857,064.
	t XIV Supplemental Information		1 4	.,001,004.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a mation	rt III, lines 1a and 4, Part IV, lines nd 4b Also complete this part to p	1b and 2b rovide any .	, Part V, v additional
	· 			
				--
				
BAA	TEEA3304 02/02/10	Sch	hedule D (Form 990) 2009

Schedule D	(Form 990) 2009 CHILD FOUNDATION, INC	93-1140000	rage 3
Part XIV	Supplemental Information (continued)		
<u> </u>	/		
			-
	·		
_			
			_

TÉEA3305 07/10/09

BAA

Schedule **D** (Form 990) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545 0047

Department of the Treasury

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public

Internal Revenue Service			·		Inspection
Name of the organization			-	Employer ident	ification number
CHILD FOUNDATION, I	NC			93-1148	
Part I General Informa to Form 990, Par	i tion on Activiti rt IV, line 14b	es Outside th	e United States. Complet	te if the organization	on answered 'Yes'
1 For grantmakers. Does th grantees' eligibility for the	e organization mail	ntain records to si ce, and the select	ubstantiate the amount of the gion criteria used to award the g	rants or assistance, the rants or assistance?	X Yes No
2 For grantmakers. Describ3 Activities per Region (Use	_	,	dures for monitoring the use of	grant funds outside the	United States
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Middle East	1	1	Program Services	Humanıtarian Aic	1,223,675.
Middle East	1	1	Program Services	Humanitarian Alc	8,450.
East Asia and Pacific	0	0	Program Services	Humanitarian Aic	21,140.
	- 				

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

Schedule F (Form 990) (2009)

1,253,265.

Page 2

×

Schedule F (Form 990) 2009 CHILD FOUNDATION, INC

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
•								
	,							
-								
*							:	
. "								
•								
	Marie Company							
	2							
4								
-								
	* *							
,								

2 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

3 Enter total number of other organizations or entities

BAA

Schedule F (Form 990) 2009

93-1148608

Page 3

Schedule F (Form 990) 2009 CHILD FOUNDATION, INC

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Schedule F (Form 990) 2009 Part: W Supplemental	CHILD FOUNDATION,	INC	93-1148608	Page 4
Part V Supplemental	Information			
Complete this par	t to provide the information red	quired in Part I, line 2, and any additional inform	ation	
Pt_I_Line_2				-
				
				-
				-
·				
				
				
				
			- 	
				
				-
			- 	-
			- 	
				
				
			- 	

SCHEDULE J (Form 990)

Compensation Information

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

CHIL	D FOUNDATION, INC	93-1148608			
Part	Questions Regarding Compensation				
				Yes	No
1 a C V	heck the appropriate box(es) if the organization provided an II, Section A, line 1a Complete Part III to provide any relev	ny of the following to or for a person listed in Form 990, Part rant information regarding these items	.,		` ` .
Γ	First-class or charter travel	Housing allowance or residence for personal use	The state of the s	ا مر	
	Travel for companions	Payments for business use of personal residence		3.75	
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees		7.0	*, 1
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			17. 4 20. 5 4 1
_	-			2	
b If	any of the boxes on line 1a are checked, did the organizati	ion follow a written policy regarding payment or above? If 'No,' complete Part III to explain	1 b		X
2 D	id the organization require substantiation prior to reimbursii ustees, and the CEO/Executive Director, regarding the item	ng or allowing expenses incurred by all officers, directors, as checked in line 1a?	2	х	
3 Ir	idicate which, if any, of the following the organization uses EO/Executive Director Check all that apply	to establish the compensation of the organization's	通過		
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
				4	
	uring the year, did any person listed in Form 990, Part VII, a related organization	Section A, line 1a with respect to the filing organization		1	
a R	eceive a severance payment or change-of-control payment	?	4a		Х
b P	articipate in, or receive payment from, a supplemental nonc	qualified retirement plan?	4b		Х
c P	articipate in, or receive payment from, an equity-based con	npensation arrangement?	4c		Х
lf	'Yes' to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III			
C	nly section 501(c)(3) and 501(c)(4) organizations must con	mplete lines 5-9.			
	or persons listed in Form 990, Part VII, Section A, line 1a, on ontingent on the revenues of	did the organization pay or accrue any compensation			
аT	ne organization?		5a		Х
b A	ny related organization?		5b		Х
lf	'Yes' to line 5a or 5b, describe in Part III		* * * *		302
	or persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of.	did the organization pay or accrue any compensation			
	ne organization?		6a	8-4	X
	ny related organization?		6b		х
If	'Yes' to line 6a or 6b, describe in Part III		**************************************	\$ 1.00 654	3 1 1
7 F	or person listed in Form 990, Part VII, Section A, line 1a, di escribed in lines 5 and 6? If 'Yes,' describe in Part III	id the organization provide any non-fixed payments not	7		x
	ere any amounts reported in Form 990, Part VII, paid or ac		-		
С	ontract exception described in Regs section 53 4958-4(a)(3	3)? If 'Yes,' describe in Part III	8		Х
lf 9 s	'Yes' to line 8, did the organization also follow the rebuttab ection 53 4958-6(c)?	ple presumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2009

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 Schedule J (Form 990) 2009 CHILD FOUNDATION, INC 93-1148608

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

Page 2

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

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MIS0	099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	0.	0 -	0	0	7.0	0	0.
Dr. Mehrdad Yasrebi	(ii) 0	0	0		0.	0	0.
	~0~~~~~~~~~~(i)	0 1	0 0 1 1 1 1 1 1 1 1	0 0	0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	0
Ms. Saideh Sharif-Kazemi		0	0		0.	0.	0.
	()		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(0)	 	 	 		 	
<u> </u>					ı		
	(0)	 	 	1 1 1 1 1 1 1	 	1 1 1 1 1 1	
			- 1				
	()	 	 	1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	
	()	 	 	 	 	 	
	()	; ; ;		; ; ; ; ;	† 	 	
	()	 	 	 	 	 	
7							
	(0)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	 		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(ii)						
	(0)	 	 	 	 	 	[
	(1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	
	(ii)						
			1 1 1 1	1 1 1	1 1 1	1 1	
	(i)						
	()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		! ! ! ! ! ! !	1 1 1 1 1 1	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(ii)						
	0	 	 		 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(i)						
	(0)	! ! ! !		 	1 1 1 1 1 1		
	(1)		- 1				
ВАА			TEEA4102 02/	02/02/10		Schec	Schedule J (Form 990) 2009

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009 Open to Rublic

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

Attach to Form 990. Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
CHILD FOUNDATION, INC	93-1148608
Pt XI, Line 2c Board and external accounant approves audit	
Pt VI-A, Line 2 Former Board President & Treasurer were married	
Pt VI-B, Line 11A Board reviews Form 990 prior to filing	
Pt_VI-B, Line 12c Annual review at Board meeting	
Pt VI-B, Line 15 Compensation reviewed by Board	
Pt_VI-C, Line 19 Available on the web site and upon request.	

Additional Information

Program Services

Child Foundation helps children in need in Iran, Afghanistan and Indonesia to remain in school.

Education can move a child beyond the stigma of poverty and give that child the tools to reach his/her potential. Child Foundation has provided primarily food items to children living in hardship enhancing the quality of life for these children and their families.

By providing education, Child Foundation hopes to eliminate children leaving school prematurely, and in some countries early matrimony. Child Foundation has sponsorship programs primarily in Iran (over 90%), Afghanistan, Indonesia, serving over 2,500 children and families. A number of these children are enrolled in university or college programs.

There are four different programs for children with special needs. There are programs for children who have been abused, children who are visually impaired, deaf or have other medical needs, including cancer.

Child Foundation operates under the laws and regulations of the United States Department of Treasury, Office of Foreign Assets Control, pursuant to 31 CFR 5560.210 (b) Humanitarian Donations that states "The probations of sections 560.204 and 560.206 do not apply to donations by United States persons of articles, such as food, clothing, and medicine intended to relieve human suffering."

Child Founation is actively working to support three of the United Nations 2015 Millennium Development Goals: to eradicate poverty, to achieve universal primary education and to promote gender equality in the classroom. Child Foundation believes that education can help a child move beyond the stigma of poverty, and give that child the tools to reach his or her potential. Child Foundation's basic philosophy of operation is that "Education is basic human right which should be accessible to all children regardless of race, gender, class status or economic background and education is a gift that lasts a lifetime."

CHILD FOUNDATION, INC	93-1148608	1
Form 990, Page 5, Line 4b Foreign Countries		
Afghanistan		
Iran		
Indonesia		
Form 990, Page 6, Line 17 States Form 990 Filed In		
California		
Washington		
Oregon		
Virginia	<u>.</u>	
Ohio		
Michigan	<u> </u>	
New Jersey	 	
New York		
Georgia		

Wisconsin Illinois

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545 0172

2009

Attachment Sequence No 67

Internal Revenue Service	(99
Name(s) shown on return	

CHILD FOUNDATION, INC

► See separate instructions. ► Attach to your tax return.

Identifying number

93-1148608

-								
	ess or activity to which this form rel cm 990 / Form 990							
Par			Proporty Under Sec	tion 179				
I al	Note: If you have	anv listed property.	Property Under Secondlete Part V before	vou complete Pai	rt I.			
1	Maximum amount. See th						1	\$250,000.
2	Total cost of section 179		•				2	
3	Threshold cost of section	3	\$800,000.					
4	Reduction in limitation S						4	
5	Dollar limitation for tax ye				arried fil	ına		
	separately, see instruction	ns					5	
6	(3	a) Description of property		(b) Cost (business	use only)	(C) Elected co	ost	
		<u> </u>		<u> </u>				La Salan
7	Listed property Enter the				7	•		
8	Total elected cost of sect		-), lines 6 and 7			8	
9	Tentative deduction Ente	9						
10	Carryover of disallowed d	10	 					
11	Business income limitation		•			(see instrs)	11	
12	Section 179 expense ded				<u> </u> ► 13		12	San
	Carryover of disallowed descriptions: Do not use Part II or Par				13	<u> </u>	-	[82, 82, Q- 14. 3]
Par			ce and Other Depre		+ .nolde	Listed property	1/800	\ instructions \
Fai	tii Special Depre	Ciation Anowain	e and Other Depre	CIACIOTI (DO NO	n meiuae	risted property	1 (366	instructions)
14	Special depreciation allow tax year (see instructions		roperty (other than liste	d property) place	d in serv	rice during the	14	
15	Property subject to section	•				•	15	
16	Other depreciation (include	** * *					16	0.
			clude listed property) (S	See instructions)	-		•	1
	<u></u>		Sectio					
17	MACRS deductions for as	sets placed in servi					17	3,663.
18	If you are electing to grou	up any assets placed	•	-	or more o	general		
	asset accounts, check he	•	- Sandas Duning 2000	Fox Your Using t	ha Cana	ral Danzasiation	Suct	, 1000 T
			(c) Basis for depreciation	(d)	1		Jyst	(q) Depreciation
	(a) Classification of property	(b) Month and year placed in service	(business/investment use only — see instructions)	Recovery period	(e) Conver	ntion Metho	od	deduction
19 a	a 3-year property							
t	5-year property							,
	7-year property							
	10-year property							
•	15-year property							
f	20-year property							
	25-year property	[1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	·	25 yrs		S/I	<u>.</u>	
	Residential rental			27.5 yrs	MN	1 S/I	<u>. </u>	
	property	1 S/I	 [_					
i	Nonresidential real	<u>. </u>						
	property	-		39 yrs	MN			
	Section C	- Assets Placed in	Service During 2009 Ta	x Year Using the	e Alterna			stem
20 2	Class life	L 1 m 4 . 1 * 1 .	<u> </u>			S/1		
-	12-year			12 yrs		S/1		-
	: 40-year			40 yrs	MN			
	rt IV. Summary (See	instructions)		125		_ ,	-	
21	Listed property Enter am						21	
	Total Add amounts from line 1		es 19 and 20 in column (c) a	nd line 2). Enter here	and on			
~	the appropriate lines of your ret	turn Partnerships and S of	corporations — see instruction	S	, and the		22	5,205.

Page 2

Part Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

	Sectio	n A – Deprecia	tion and Othe	r Informa	tion (Ca	ution: S	ee the							mobiles)	
24 8	a Do you have evident	ce to support the bu		t use claim	ed?	[:	X Yes		No		Yes, is the	evidence			Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d Cost other t	or	(busine	(e) or deprecti ess/investri ise only)	ation nent	f	(f) Recovery period	Me	(g) thod/ rention	(h) Depreciation deduction		(i) Elected section 179 cost	
25	Special depreci	ation allowance 50% in a quali	for qualified l	ısted pro use (see	perty plac instruction	ced in s	service o	lurınç	g the	e tax ye	ar and	25			1979	
26	Property used r	nore than 50%	in a qualified b	ousiness	use	Γ					- -					
											-					
					-						-		-			
27	Property used 5	0% or less in a	qualified busi	ness use											To care city	
						-									_	
	.													.	-	
28	Add amounts in	column (h), fin	es 25 through	27 Ente	r here an	d on in	e 21, pa	age 1				28				
	Add amounts in		_													
_					B – Info			-	-							
	plete this section our employees, fi															cles
				$\overline{}$	(a)		b)		(0	:	(0			e)	(1	<u> </u>
30	Total business/ during the year commuting mile	(do not include		Veh	icle 1	Vehicle 2		<u> </u>	Vehicle 3		Vehicle 4		Vehicle 5		Vehicle 6	
31	Total commuting m	iles driven during th	ne year													
32	Total other pers miles driven	sonal (noncomm	nuting)													
33	33 Total miles driven during the year Add lines 30 through 32					, , , , , ,			:						<u> </u>	
34	Was the vehicle	e available for p	ersonal use	Yes	No	Yes	No	Y€	es	No	Yes	No	Yes	No	Yes	No_
35	35 Was the vehicle used primarily by a more than 5% owner or related person?				<u> </u>											
		Section	C - Question	s for Em	ployers V	Vho Pro	ovide Ve	hicle	es fo	or Use b	y Their I	Employ	ees			
	wer these question owners or related			n except	ion to co	mpletin	g Section	n B t	for v	/ehicles	used by	employ	ees who	are no	t more t	han
37	37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?										Yes	No				
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
39	Do you treat all	use of vehicles	by employees	s as perso	onal use?	7										
	Do you provide vehicles, and re	tain the informa	ation receivéd	, ' 1	, ,				•	•	•		use of t	he		
	Do you meet the Note: If your an	swer to 37, 38,													NAME.	NA. 1
Pai	rt VI Amorti					-r										
	(a) Description of costs		(b) Date amortization begins			(c) Amortizable amount		(d) Code section		(e) Amortization period or percentage			(f) Amortization for this year			
42	Amortization of	costs that begin	ns during your	2009 tax	year (se	e instri	uctions)									
43		f costs that beg	•		•								43			
_44	Total. Add amo	ounts in column	(f) See the in	nstruction		ere to re							44		rm AEC	(2009)