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## 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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calend	dar year, o	or tax year beginnir	g Jul 1	, 200	9, and end	ing Jun	. 30	, 20	10	
	Check if a		<u> </u>	C Name of organization					D Employer	Identification	n Number	
		ess change	Please use IRS label	AGENDA FOR	CHILDREN.	INC.			72-1	058157		
	Ħ	e change	or print or type.		or PO box if mail is		addr) Room	/suite	E Telephone			
		l return	See specific	Р О ВОХ 518	37				(504	) 586-	5809	
	H	unation	Instruc-	City, town or country		Stat	te ZIP code +	. 4	1001	, 555	5005	
	$\vdash$		tions.	NEW ORLEANS	,	L		-1837	G Gross rec	ounts & 2	005 750	
	$\vdash$	nded return	E Nome :	and address of principal o	finar	147	1 /0131	_	a group return		<del> </del>	X No
	Арріі	ication pending	1			W ODIENNE I	7 7 7 7 1 5 1	1	l affiliates includ		Yes	A No
				ECASNER P O BOX					' attach a list (s		пs) 🗀	□
÷		xempt statu			nsert no )	4947(a)(1) or	527	<b>⊣</b>				
<u></u>				daforchildre		·			exemption num			
K		forganization	X Corpora	ation Trust	Association Othe		L Year of Form	ation 198	4   IVI Sta	ite of legal do	omicile LA	
Pa	rt I	Summa				ant actuations						
				janization's mission A STATE IN WHIC								
Activities & Governance	_			A STATE IN WHICH								
Пaг	_			HEY ARE PROTECTE								
Λe	_	heck this bo		if the organization of		- <del></del>	<b></b> -				OF OFFICE	331011.
ဗိ				bers of the governir		•	poseu oi iii	ne man z.	7/0 01 113 433	3  15		
•ರ			-	t voting members of	• • •	•	e 1b)			4 15		
ij			•	yees (Part V, line 2			•		Γ	<b>5</b> 53		
≨	6 T	otal number	of volunt	eers (estimate if ne	cessary)					<b>6</b> 15		
ĕ	7a To	otal gross ui	nrelated b	usiness revenue fro	m Part VIII, Icoli	umn (C), ine 12				7a		0.
	<b>b</b> N	et unrelated	business	taxable income fro	m Form 990-T, li	ne 34				7b		
									Prior Year		Current Ye	ar
•	<b>8</b> C	ontributions	and gran	ts (Part VIII, line 1h	)				2,149,24		1,926,	
Ĕ		-		ue (Part VIII, line 2					122,52		149,	531.
Revenue			-	rt VIII, column (A),				ļ	3,79			0.
ш			-	II, column (A), lines				<u> </u>	57,20			309.
				nes 8 through 11 (m			ine 12)		2,332,76	3.	2,095,	759.
				ounts paid (Part IX,								
				members (Part IX, o	_			-				
ø				isation, employee b	1 T-1		s 5-10)	<u> </u>	1,266,52	26.	1,228,	742.
Expenses	<b>16a</b> P	rofessional	fundraisin	g fees (Part IX, coli	ımn (A) <del>, lı</del> de <u>-11</u> 6	EINED	. 1	Day			ra action of the	
хbе				nses (Part IX, colum			<u>ه اچ</u>	<u>.</u>				é na Jist
ш	<b>17</b> 0	ther expens	es (Part I	X, column (A), lines	14a-11d/A1Y-24	D3 2011	31		877,03	19.	864,	730.
	18 T	otal expense	s Add Iir	nes 13-17 (must ear	ual Part IX colun	nn (A) line 25)	51		2,143,56		2,093,	
	<b>19</b> R	evenue less	expenses	s. Subtract line 18 f	rom line 12	]œ			189,19			287.
88					000[	=1V, UT	1	Begi	nning of Ye		End of Yea	ar
alana.	20 T	otal assets (	(Part X, III	ne 16)			-5		974,67			927.
Net Assets or Fund Balanco		otal liabilitie		·					31,13	37.		102.
\$ 2	22 N	et assets or	fund bala	nces Subtract line	21 from line 20				943,53	18.	945,	825.
Pa	rt II	Signati	ure Bloc	k 🔿								
		Under penaltie	s of perjury,	I declare that I have exar Declaration of preparer	nined this return, incli	iding accompanying s	chedules and	statements, ar	d to the best of	my knowledg	ge and belief, i	ıt ıs
		true, correct, a	and complete	Declaration of preparer	(other than officer) is	based on all informati	on or writen pre	eparer nas any	Knowledge			
Siç		<b>-</b>		4		<del></del>		(0	01/06/11			
He	re	Signature	of officer	V				D	ate			
				CASNER				EXEC	UTIVE D	IRECTO	R	
		Type or pr	rint name an	d title						<del>- ,·</del>		
_			1				Date		Check if self-	Preparer (see inst	's identifying r ructions)	iumber
Pa		Preparer's	. / .	in make			employed >					
Pro		signature	- 180	mes 16	riere		04/25/	11				
pa Us	rer's	Firm's name (	or <u>Car</u>	riere & Dunn	Tax and F	Accounting	Servic	es				
On		yours if self- employed),	<b>►</b> 201	4 Saint Clau	de Avenue			E	IN - 72	<u>-136</u>	9033	3
		address, and ZIP + 4	New	Orleans		LA 701	16-154	4 F	Phone no		949-309	5
Ma	the IR	S discuss th	ıs return v	vith the preparer sh	own above? (see	instructions)				Х	·Yes	No

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Form 990 (2009) AGENDA FOR CHILDREN, INC.

Part 10 Checklist of Required Schedules

1	Is the organigation described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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		x
10		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	X	areas are
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	• Did the organization 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			7
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	7		
•	• 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			\$77.
	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	1000
12A	A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No			,
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	27.2	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	†—	X
	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		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		x
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		<u> </u>

Forr	m 990 (2009) AGENDA FOR CHILDREN, INC.	72-1058157	_ P	age <b>4</b>
Pa	rt 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 organization Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	zations in the		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United IX, column (A), line 2 <sup>9</sup> If 'Yes,' complete Schedule I, Parts I and III	States on Part 22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organ and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' of Schedule J	ization's current complete		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$ as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b to complete Schedule K. If 'No,'go to line 25	100,000 through 24d and 24a		х
	<b>b</b> 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 y any tax-exempt bonds?	rear to defease		
	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 disqualified person during the year? If 'Yes,' complete Schedule L, Part I	tion with a 25a		х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yo Schedule L, Part I	a prior year, and es,' complete		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule	ployee, or L, Part II		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, su contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' Schedule L, Part III	complete 27		x
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, instructions for applicable filing thresholds, conditions, and exceptions)	Part IV	***	_ <u>`</u>
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	<u></u>	Х
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	a family member) 28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N	M 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified contributions? If 'Yes,' complete Schedule M	conservation 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule	N, Part I 31	ļ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' con Schedule N, Part II	mplete 32	ļ	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	ations sections		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts Inc. 1	I, III, IV, and V,		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' comple Part V, line 2	te Schedule R,		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable re organization? If 'Yes,' complete Schedule R, Part V, line 2	elated 36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	zation and that is 37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 <b>Note.</b> All Form 990 filers are required to complete Schedule O	and 19?	Х	

Form **990** (2009) BAA

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Form 990 (2009) AGENDA FOR CHILDREN, INC.	72-1058157	,	Р	age !
Part V 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. Information Returns. Enter -0- if not applicable	1a 0		Î	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0	l		
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	x	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 53			
2b If at least one is reported on line 2a, did the organization file all required federal employment		2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return		7 .		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a		х
<b>b</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 of financial account in a foreign country (such as a bank account, securities account, or other financial account.	or other authority over, a nancial account)?	4a		х
<b>b</b> If 'Yes,' enter the name of the foreign country		, -t <sub>i</sub>	T.	Ž,
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of F Financial Accounts	oreign Bank and	2,32	* **	** • *!
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year? .	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Enti Tax Shelter Transaction?	ty Regarding Prohibited	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?	d did the organization	6a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such cordeductible?	ntributions or gifts were not	6b		
7 Organizations that may receive deductible contributions under section 170(c).			199	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	rtly for goods and services	<u> </u>	<u>.* 4</u>	ķ . *
provided to the payor?		7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for white Form 8282?	ch it was required to file	7с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			<u></u>
<ul> <li>e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?</li> </ul>	s on a personal	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f	İ	Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as re		7 q	i	Х
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form		7h	İ	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	organizations. Did the		İ	,
supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	ve excess business	8		X
9 Sponsoring organizations maintaining donor advised funds.	Ţ.	<b>₹ 3</b>	, & b	- <del></del>
a Did the organization make any taxable distributions under section 4966?	į-	9a		X
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	Ī	9ь		Х
10 Section 501(c)(7) organizations. Enter	Ī	. 1	i 1/2 ,	<b>~</b> ,
a Initiation fees and capital contributions included on Part VIII, line 12	10a			:
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		. ,	•
11 Section 501(c)(12) organizations. Enter	· ·	3-17	ا ۽ تا	
a Gross income from other members or shareholders	11 a			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b	() () () () () () () () () () () () () (	, ,	à 🐞
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		
h if 'Yes' enter the amount of tax-exempt interest received or accrued during the year	l 126		4	4

BAA

Form 990 (2009)

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.

Section A. Governing Body and Management

Sec	tion,A. Governing Body and Management				
		l . l		Yes	No
	Enter the number of voting members of the governing body	1a 15		.	
t	Enter the number of voting members that are independent	1b 15	<b>.</b> (1) 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relationship or a business relation business	ationship with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or un of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		Х
4	Did the organization make any significant changes to its organizational documents		4		X
-	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization'	's assets?	5		Х
6	Does the organization have members or stockholders?		6		Х
-	Does the organization have members, stockholders, or other persons who may elect one or magoverning body?	ore members of the	7a		x
	Are any decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		X
_	-			13.3	* 7
8	Did the organization contemporaneously document the meetings held or written actions under the following:	taken during the year by			
	The governing body?		8a	X	
ŧ	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9	,	Х
	tion B. Policies (This Section B requests information about policies not	required by the Interna	1		
Reve	nue Code )				N
			10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?		10a		X
	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?		10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	X	Todas Co
11/	Describe in Schedule O the process, if any, used by the organization to review this Form 990			. 7	
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
ı	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	hat could give rise	12b	х	
(	Does the organization regularly and consistently monitor and enforce compliance with the poli Schedule O how this is done	icy? If 'Yes,' describe in	12c	х	
13	Does the organization have a written whistleblower policy?		13	Х	L
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	approval by independent ision?	*		
	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers of key employees of the organization		15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		.4 4	: Si	Çį.
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	arrangement with a taxable	16a		X
ı	of 'Yes.' has the organization adopted a written policy or procedure requiring the organization	to evaluate its participation	J. 123.00		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	me 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 ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	for pu	ablic
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docum statements available to the public.	ents, conflict of interest polic	y, and	financ	cial
20	State the name, physical address, and telephone number of the person who possesses the bo				0500
	ANTHONY RECASNER 1720/22 ST CHARLES AVE, N 1	<u>A 70130 (5</u>	5 <u>04)</u>	286-	8509

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

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

- 1 a 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 no	t compens	ate ar	пу сі	urrei	nt of	fficer,	dıre	ctor, or trustee.		
(A)	(B)	(D)	(E)	(F)						
Name and Title	Average hours		,	-	_	that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	andividial frances or director	institutional kustee	Offi: 😜	key emphyee	Higt est coingensated employee	Fusner	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JUDITH WATTS										
PRESIDENT/CEO	40.00	X					<u> </u>	68,316.	0.	0.
NANCY MARSIGLIA CHAIRPERSON	3.00	х						0.	0.	0.
REVEREND LOUIS C. CLARK										
MEMBER	3.00	Х	<u> </u>			ļ		0.	0.	0.
OLGA A. JACKSON MEMBER	3.00	Х						0.	0.	0.
EDITH JONES	_									
MEMBER	3.00	_X_	<u> </u>					0.	0.	0.
DAYNA R. PRICE	_						ļ			
MEMBER	3.00	Х			_		_	0.	0.	0.
JAY P GOLDSMITH, MD MEMBER	3.00	х					_	0.	0.	0.
GLORIA_CABRERA MEMBER	3.00	X						0.	0.	0.
JULIE LIVAUDAIS GEORGE MEMBER	3.00	Х						0.	0.	0.
JUDITH J INGRAM MEMBER	3.00	х						0.	0.	0.
PASHENA CASIMIRE MEMBER	3.00	Х						Q.	0.	0.
YVONNE MITCHELL-GRUBB MEMBER	3.00	х						0.	0.	0.
LYNETTE S. CAUSEY MEMBER	3.00	х						0.	0.	0.
PAMELA STEEG										
MEMBER	3.00	Х					$oxed{oxed}$	0.	0.	0.
TRACIE WASHINGTON MEMBER	3.00	x						0.	0.	0.
GREGORY BEN JOHNSON MEMBER	3.00							0.	0.	0.
TABLE DIX	- 3.00	**			<del>                                     </del>			<u> </u>	0.	<u> </u>

Rantwill Section A. Officers, Directors, Trus	I -	\ey	<u> </u>			es,	ani		(E)	(F)
(A) Name and Title	(B) Average	Posi	tion (	-	c) k all t	hat a	ipply)	(D) Reportable		Estimated
, Name and Title	houre		_			-		compensation from	Reportable compensation from related organizations	amount of other
•	per week	dire	E SE	Officer	Key employee	ghes	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization
		ctor tr	2		l de l	ee con				and related organizations
		l trustee	Institutional trustee		æ	l bea				
		"	tee			Highest compensated employee				
		<u> </u>	<u> </u>	lacksquare	<u> </u>	ᆫ	<u> </u>			
										_
	<del> </del>		$\vdash$	├		$\vdash$	$\vdash$			<del>                                       </del>
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					<del> </del>					<del>-</del>
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1 b Tabel		_	<u> </u>	ــــــــــــــــــــــــــــــــــــــ			┢	68,316.	0	. 0.
Total     Total number of individuals (including but not limited)	to thos	e lis	ted	aho	ve) i	who	rece		<u> </u>	
from the organization	10 11103		ica	ubo	•0)	***	1000	orea more man p	100,000 1111000110	ibio componedion
Tom the organization	-									Yes No
3 Did the organization list any former officer, director	or truste	e k	ev e	emol	ove	e 0	r hia	ihest compensated	d employee	
on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual	'								3 X
4 For any individual listed on line 1a, is the sum of rej the organization and related organizations greater the	ortable	com	nper	nsatı f 'Ve	on a	and	othe	r compensation fr	om uch	
individual	יכות וומו	0,00	0. 1	, , ,	.s c	UITIE	nete	Scriedule 5 for 30	CH	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens	ation	n fro	m a	ny u	ınre	lated	d organization for	services	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent	cont	ract	ors	that	received more that	an \$100,000 of	
	-									
(A) Name and business addres	is							Description	of Services	(C) Compensation
								<del>                                     </del>		
								<del>                                     </del>	+	
								***		<del></del>
2 Total number of independent contractors (including	but not	lımıt	ed t	o th	ose	liste	ed at	oove) who receive	d more than	a : * : * : * : * : * ; * : * ; * ; * : * ; * ;
\$100,000 in compensation from the organization >						_				<b>大学</b> 计对应数字

Par	t VIII  Statement of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 d 1 d 1 d 1 d 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 f 1 d 1 d 1 f 1 d 1 d 1 f 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d	1,875,772. 51,147.	1,926,919.	revenue , , , ,		312, 313, 01 314
PROGRAM SERVICE REVENUE		Business Code 812990	149,531.	149,531.	0.	0.
PROGRAM S	e	<b>•</b>	149,531.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, i, w	, , see . 4
	3 Investment income (including dividends other similar amounts) 4 Income from investment of tax-exempt to Royalties  (i) Real	•	0.	O.	0.	0.
	b Less. rental expenses c Rental income or (loss) d Net rental income or (loss)	<b>•</b>				
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses	(ii) Other				
	c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events	<b>&gt;</b>	2	and the second s		
OTHER REVENUE	(not including \$ of contributions reported on line 1c) See Part IV, line 18			i de de de de de de de de de de de de de	* * *	
OTH.	<ul><li>b Less direct expenses</li><li>c Net income or (loss) from fundraising ex</li></ul>	<b>-</b>	** */ *			£ & * 1
	••••	a	*		,	` ` `
	<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from gaming activities</li></ul>	ties ►	<u></u>		<u></u>	
	10a Gross sales of inventory, less returns and allowances	a	* * *		, ,	, .
	c Net income or (loss) from sales of inver	otory •			<u> </u>	
	Miscellaneous Revenue	Business Code		* .		· · ·
	11a Miscellaneous b	999999	19,309.	19,309.	0.	0.
	d All other revenue					
	e Total. Add lines 11a-11d	•	19,309.		, 4	·/ ·· ·
	12 Total revenue. See instructions	▶	2,095,759.	168,840.	0.	0.

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 com	<del> </del>	(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				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			You was the wife	
5	Compensation of current officers, directors, trustees, and key employees	68,315.	40,123.	28,192.	0.
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	952,739.	868,757.	83,982.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	129,578.	114,845.	14,733.	0.
10	Payroll taxes	78,110.	69,529.	8,581.	0.
11	Fees for services (non-employees)				
а	Management				
Ŀ	Legal				
c	: Accounting				
c	<b>I</b> Lobbying				
e	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				.,,
ç	<b>)</b> Other				
12	Advertising and promotion				
13	Office expenses	179,509.	151,792.	27,717.	0.
14	Information technology				
15	Royalties				
16	Occupancy	64,641.	61,992.	2,649.	0.
17	Travel	59,860.	51,046.	8,814.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Insurance 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.)				
=	PROFESSIONAL FEES	347,303.	281,852.	65,451.	0.
	INSURANCE	36,059.	30,028.	6,031.	Ŏ.
	EQUIPMENT	24,930.	23,267.	1,663.	0.
	MISCELLANEOUS	113,137.	99,491.	13,646.	0.
	TELEPHONE	39,291.	36,389.	2,902.	0.
	All other expenses	05/2523	<u> </u>	2,7552.	
25	Total functional expenses Add lines 1 through 24f	2,093,472.	1,829,111.	264,361.	_ 0.
	Joint costs. Check here ►				
BAA		<u> </u>		J	Form <b>990</b> (2009)

Pa	rt X	Balance Sheet							
		,			(A) Beginning of year		( <b>B</b> ) End of year		
	1	Çash - non-interest-bearing			643,590.	1	601,327.		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net			331,010.	3	371,525.		
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, directors and highest compensated employees Complete Part I	, trust I of Sc	ees, key employees, hedule L		5			
	6	Receivables from other disqualified persons (as define	d unde	er section 4958(f)(1))	2 2 3 45	ئىلىد	` <u>````</u>		
		and persons described in section 4958(c)(3)(B). Comp	art II of Schedule L		6				
Ş	7	Notes and loans receivable, net				7			
A S E T S	8	Inventories for sale or use				8			
Š	9	Prepaid expenses and deferred charges				9			
	10 a	Land, buildings, and equipment cost or other basis	10a			20			
		Complete Part VI of Schedule D				120			
	b	Less accumulated depreciation	10b		0.	10 c	:		
	11	Investments – publicly-traded securities				11			
	12	Investments – other securities See Part IV, line 11				12			
	13	Investments – program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			75.	15	75.		
	16	Total assets Add lines 1 through 15 (must equal line 3	34)		974,675.	16	972,927.		
	17	Accounts payable and accrued expenses		31,137.	17	27,102.			
	18	Grants payable		18					
	19	Deferred revenue				19			
Ļ	20	Tax-exempt bond liabilities							
Ā	21	Escrow or custodial account liability Complete Part IV	of Sc	hedule D		21_			
l L I T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal disqualified perso	tees, l sons (	key employees, Complete Part II					
1	Į.	of Schedule L				22			
E S	23	Secured mortgages and notes payable to unrelated the				23	ļ		
	24	Unsecured notes and loans payable to unrelated third	parties	5		24			
	25	Other liabilities Complete Part X of Schedule D			21 127	25	27,102.		
	26	Total liabilities. Add lines 17 through 25	1.2	Lancatata Bara	31,137.	26	21,102.		
N E T	}	Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34.	X a	nd complete lines		و المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة المناطقة			
Ą	27	Unrestricted net assets			838,195.	27	909,625.		
S E T S	28	Temporarily restricted net assets			105,343.	28	36,200.		
	29	Permanently restricted net assets				29			
Q R		Organizations that do not follow SFAS 117, check her	re ►	and complete	12 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.545			
		lines 30 through 34.							
FUZD	30	Capital stock or trust principal, or current funds				30			
	31	Paid-in or capital surplus, or land, building, and equip	ment f	und		31			
Ĺ	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32			
BALANCES	33	Total net assets or fund balances			943,538.	33	945,825.		
Š	34	Total liabilities and net assets/fund balances.			974,675.	34	972,927.		
ВА	A						Form 990 (2009)		

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>b</b> Were the organization's financial statements audited by an independent accountant?	2b	X	
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		х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	,	y <del></del>	\$ 3
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	-12 % -13 % 41 1 .		\$\times \( \)
Separate basis X Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	х	
<b>b</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	х	

BAA

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

**Public Charity Status and Public Support** 

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

OMB No 1545-0047 2009

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

Employer identification number

AGE	NDA	A FOR CH												058157			
Part	<u> </u>	Reason fo	or Pul	blic Cha	rity Statu	ıs (AİI o	rganiza	tions	must o	comple	te this	part.)	See ı	nstruct	ions		
The o	rgar	nization is no	t a priv	ate founda	ation becau	se it is: (F	or lines	1 throu	gh 11, cl	heck onl	y one b	ox)					
1		A church, co	nventic	on of churc	hes or ass	ociation of	churche	s desc	ribed in s	section '	170(b)(1	)(A)(i).					
2		A school des	cribed	ın section	170(b)(1)(	<b>A)(ii).</b> (Att	ach Sche	edule E	.)								
3		A hospital or	coope	rative hos	pital service	e organiza	tion desc	cribed i	n <b>sectio</b>	n 170(b)	(1)(A)(ii	i).					
4		A medical re	search	organizat	ion operate	d in conju	nction wi	ith a ho	spital de	escribed	ın <b>secti</b>	on 1 <b>70</b> (	<b>b)(1)(A)</b>	(iii) Ente	er the hosp	ntal's	
		name, city, a															
5	느	An organizat	(iv). (C	complete P	art II)			_					mental u	ınıt desci	ribed in <b>se</b> e	ction	
6 7	₹	A federal, sta An organizat in section 17	tion tha	t normally	receives a	substanti							or from t	the gene	ral public o	describ	ed
8	$\Box$	A community					Xvi). (Co	omplete	e Part II.	)							
9	_	An organizat from activitie investment ii June 30, 197	tion thates relate	it normally ed to its ei and unrela	receives: ( xempt funct ated busine	(1) more tl tions – su ess taxable	nan 33-1. bject to d income	/3 % of	f its supp exceptio	ort from	(2) no r	nore tha	an 33-1/	3 % of its	s support f	from gr	oss
10	П	An organizat	tion org	janized an	d operated	exclusivel	y to test	for put	olic safet	y. See <b>s</b>	ection 5	509(a)(4	).				
11	_	An organizat more publicly describes the	v supp	orted orga	ınızatıons d	lescribed i	n section	า 509(a	)(1) or s	ection 5	09(a)(2)	ions of, See s	or carry ection 5	out the <b>09(a)(3).</b>	purposes Check the	of one e box t	or hat
		a ☐ Type I	•		Type II				l – Func			ed		d 🗌	Type III-	· Other	
е		By checking than foundat 509(a)(2)	this bo ion ma	x, I certify nagers an	that the ord d other tha	ganızatıon n one or n	is not co nore publ	ontrolle licly su	ed directl pported	y or indi organiza	rectly by	y one or escribed	r more d I in secti	isqualifie on 509(a	ed persons a)(1) or sec	s other ction	
f		If the organiz		received a	written det	erminatior	from the	e IRS t	hat is a	Type I, T	Гуре II о	r Type	iil suppo	orting org	janization,		
g		Since Augus	t 17, 20	006, has th	ne organiza	ition accep	ted any	gift or	contribu	tion fror	n any of	the foll	lowing p	ersons?			
																Yes	No
		(i) a perso below,	on who the go	directly oi verning bo	r indirectly ody of the si	controls, e upported c	ither alo	ne or to	ogether v	with pers	sons des	scribed	ın (II) ar	nd (III)	11 g (i)		
		(ii) a famıl	y mem	ber of a p	erson desc	ribed in (i	) above?	•							11 g (ii)	<u> </u>	
		(iii) a 35%	contro	lled entity	of a persor	described	d in (i) or	r (II) ab	ove?						11 g (iii)	,	
h		Provide the f	followin	ng informa	tion about t	he suppor	ted orgar	nızatıor	าร		_						
	(1)	Name of Suppor Organization	rted	(ii)	EIN	(descri above	e of organiz bed on lines or IRC sec instruction	s 1.9 ction	organizat	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of upport?	organizat	Is the tion in col zed in the S ?	(vii) Amou	nt of Sup	port
									Yes	No	Yes	No	Yes	No			
		<del> </del>															
										<u> </u>							
								-									
Total						*- 43					1.4	<b>₩</b> \		. W			

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	dule A (Form 990 or 990-EZ) 2009	9 AGENDA F	OR CHILDRE	N, INC.		72-105815	7 Page <b>2</b>
Par	t II Support Schedule for	Organizations	Described in	Sections 170(	(b)(1)(A)(iv) an	nd 170(b)(1)(A)	(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	l.)			
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.')	1,689,406.	2,095,382.	2,095,382.	2,328,965.	2,095,759.	10,304,894.
2	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	1,689,406.	2,095,382.	2,095,382.	2,328,965.	2,095,759.	10,304,894.
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)						
	<b>Public support.</b> Subtract line 5 from line 4						10,304,894.
Sec	tion B. Total Support		•				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,689,406.	2,095,382.	2,095,382.	2,328,965.	2,095,759.	10,304,894.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	6.		0.	3,798.	0.	3,804.
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		ř,				10,308,698.
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		ation's first, secon	d, third, fourth, or	r fifth tax year as	a section 501(c)(3	) ▶□
Sec	tion C. Computation of Pu	blic Support P	Percentage				<del>,</del>
	Public support percentage for 20 Public support percentage from 2			e 11, column (f)		14 15	99.96% 99.96%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box blicly supported or	on line 13, and ganization.	the line 14 is 33-1	/3 % or more, che	eck this box
ŀ	33-1/3 support test – 2008. If the and stop here. The organization				and line 15 is 33	-1/3% or more, ch	
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part I\	/ how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-ai	ind-circumstances	' test, check this b	oox and stop here	Explain in Part IV	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lin	e 9 of Part I.)	<u> </u>		<del></del>		
Sec	tion A. Public Support							
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	İ	(f) Total
1	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							
7 a	<b>Total.</b> Add lines 1 through 5 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 year							
С	Add lines 7a and 7b							
8	Public support (Subtract line	# 1 TH		10 10 10 10 10 10 10 10 10 10 10 10 10 1	<b>第二人的人的人的</b>	0 F. 65	15°	
•	7c from line 6)	4.2 V. 2.12	Brade (1886)	<b>含</b> 类的基础。188	1 ( 1 ( 1 ( ) 1 (	Sec. (1986)	5 1	
500	tion B. Total Support	*> we . well viewsord #55 (25 c 5)	, 102/ 1/4/2/ARRIV-00/00 (201)	1 Mrs. 83888.n.s. // // //	V**228888 0* 30.2€ * 43	of accountable to 1.		
		4-2-0005	4-> 000C	(-) 2007	(4) 2000	(2) 2000		(f) Total
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009		(I) TOTAL
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990	s for the organiza			r fifth tax year as			
500	organization, check this box and		Percentage		·			
	tion C. Computation of Pu			- 12 - 1 (**)		ı	16	
15	Public support percentage for 20		• •	e 13, column (f))			15	<u>%</u>
16							16	%_
Sec	tion D. Computation of Inv	estment Inco	<u>me Percentag</u>	e			<del></del>	
17	Investment income percentage for	or <b>2009</b> (line 10c,	column (f) dıvıded	d by line 13, colur	nn (f))	L	17	%
18	Investment income percentage fr	om 2009 Schodul	e Δ Part III line	17			18	%
	mitosimont moonio personage n	om zoos schedul	ch, raitill, line					
19 a	<b>33-1/3 support tests – 2009.</b> If the more than 33-1/3%, check this b	ne organization die ox and <b>stop here.</b>	d not check the bo The organization	ox on line 14, and qualifies as a pul	blicly supported or	rganization		╸╸
19 a	33-1/3 support tests - 2009. If the	ne organization die ox and <b>stop here.</b> ne organization die this box and <b>stop</b>	d not check the bo The organization d not check a box b here. The organi	ox on line 14, and qualifies as a pul on line 14 or 19a zation qualifies as	blicly supported or a, and line 16 is m s a publicly suppo	rganization ore than 33-1/ rted organizati	/3%, and lon	<b>-</b> L

Schedule A	(Form 990 o	r 990-EZ	2009	AGEN	DA	FOR	CHI	LDRE	ΞN,	INC				72-	1058	157		Page 4
PartIV I	Suppleme Part II, lin	e <b>ntal Ir</b> e 17a	format or 17b;	ion. Co and P	ompl art l	ete t II, lır	this p ne 12	oart t	o pr	ovide any	the e	explana additio	tions re	equired ormatio	by Pan. Se	art II, Ii e instri	ne 10; uction:	; S.
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#### SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

• 5	Section 501(c)(4), (5), or (6) or	rganizations Complete Part III.			
Name	of organization			Employer identifica	ition number
AGE	NDA FOR CHILDREN,	INC.		72-105815	
Rai	Complete if the o	rganization is exempt under section	on <b>501(c)</b> or is a s	section 527 organia	zation.
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in P	art IV	
2	Political expenditures			▶ \$	
_3_	Volunteer hours	•			
Par	Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exci	se tax incurred by the organization under s	ection 4955	<b>►</b> \$	
2	Enter the amount of any exci	se tax incurred by organization managers i	ınder section 4955	<b>►</b> \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	hıs year?		∐ Yes ∐ No
<b>4</b> a	Was a correction made?				∐ Yes ∐ No
	If 'Yes,' describe in Part IV				
Rar	til-Ci Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	rganizations for section	on 527 exempt ►\$	
3	Total of exempt function expeline 17b	enditures Add lines 1 and 2 Enter here and	d on Form 1120-POL,	<b>►</b> \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	made For each organization contributions received that we	and employer identification number (EIN) o listed, enter the amount paid from the filing ere promptly and directly delivered to a sep e (PAC) If additional space is needed, pro-	g organızatıon's funds arate political organız	Also enter the amount ation, such as a separa	of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 200				72-105	
Part II-A Complete if section 501(		s exempt under se	ction 501(c)(3) and	d filed Form 5768 (e	election under
	ng organization belong	s to an affiliated group	· · · · · · · · · · · · · · · · · · ·		<del></del>
<b>&gt;</b>	5 5	d box A and 'limited con	trol' provisions apply.		
	Limits on Lobbying		.,	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence public	opinion (grass roots lob	bying)	5,400.	
<b>b</b> Total lobbying expenditu	ires to influence a legis	slative body (direct lobby	(ing)	0.	
c Total lobbying expenditu	ires (add lines 1a and	1b)		5,400.	
d Other exempt purpose e	expenditures			0.	
e Total exempt purpose e	xpenditures (add lines	1c and 1d)		5,400.	
f Lobbying nontaxable an both columns	nount Enter the amour	nt from the following tabl	e in	1,080.	
If the amount on line 1e, col	umn (a) or (b) is The	e lobbying nontaxable a	mount is <sup>.</sup>		The North America
Not over \$500,000	20	% of the amount on line 1e _			
Over \$500,000 but not over \$1	,000,000 \$1	00,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	\$1,500,000 \$1	75,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	\$17,000,000 \$2	25,000 plus 5% of the excess of	over \$1,500,000	1	
Over \$17,000,000	\$1,	000,000		i i	
g Grassroots nontaxable a	amount (enter 25% of I	ine 1f)		270.	
h Subtract line 1g from lin	e 1a If zero or less, e	nter -0-		5,130.	
i Subtract line 1f from line	e 1c If zero or less, er	iter -0-		4,320.	
j If there is an amount of section 4911 tax for this	ner than zero on either year?	line 1h or line 1i, did the	e organization file Forn	n 4720 reporting	Yes X No
	4- ne organizations that r	Year Averaging Period Unade a section 501(h) el below. See the instructi	ection do not have to o	complete all of the five h 2f.)	
	Lobbyi	ng Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	(e) Total
2a Lobbying non-taxable					

amount **b** Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

BAA

Schedule C (Form 990 or 990-EZ) 2009

	(a	)	(	b)
•	Yes	No	Am	ount
	-		· · · · · ·	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		,	-	
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?	ļ			
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				<b>.</b>
i Other activities? If 'Yes,' describe in Part IV				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u> </u>	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		*		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			۰, ۴	<u> </u>
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	(c)(5)	or s	ection 5	J1(c)(6
	-			
				Yes I
1 Were substantially all (90% or more) dues received nondeductible by members?			1	<b></b>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	14 \ \( \)
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	(c)(5)	or so	ection 51	11(c)(e
II BOTH Fait III-A, questions i and 2 are answered to ofth i art III-A, line	J 15 a	13110	ica ics	•
Dues, assessments and similar amounts from members		1		
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year .		2b		
		2c		
c Total				
c Total		3		
	-	3		
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess</li> </ul>	cal	3		
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	cal	- 1		
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>	cal	*****	_ · · · · - · · ·	
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>	cal	4		
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV<sub>8</sub> Supplemental Information</li> <li>c Total</li> <li>omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and</li> </ul>	cal	4 5	e 1:	
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV<sub>*</sub> Supplemental Information</li> </ul>	cal	4 5	e 1ı	
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV<sub>*</sub> Supplemental Information</li> </ul>	cal	4 5	e 1ı	
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>	cal	4 5	e 1ı	
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV<sub>*</sub> Supplemental Information</li> </ul>	cal	4 5	e 1ı	
<ul> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politice expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV<sub>x</sub>   Supplemental Information</li> <li>c Total</li> <li>omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and</li> </ul>	cal	4 5	e 1ı	
<ul> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politice expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV<sub>x</sub>   Supplemental Information</li> <li>c Total</li> <li>omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and</li> </ul>	cal	4 5	e 11	
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV <sub>*</sub> Supplemental Information  omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and	cal	4 5	e 1ı	
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV<sub>8</sub> Supplemental Information</li> <li>c Total</li> <li>omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and</li> </ul>	cal	4 5	e 1ı	

Schedule C (Form 990 or 990-EZ) 2009 AGENDA FOR CHILDREN, INC.  Partive Supplemental Information (continued)	72-1058157 F	Page <b>4</b>
Partive Supplemental Information (continued)		
·		
		<b>-</b> ·
		:
	,	
		- <del></del> -

#### 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 Inspection

Employer Identification number

AGE	ENDA FOR CHILDREN, INC.			72-1058157	
Pai	Organizations Maintaining Dono	Advised Funds or Other Simil	ar Funds or Acco	ounts Complete	ıf
A. A.	the organization answered 'Yes' t	o Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) F	unds and other acco	ounts
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				
_	** -		lel on element actions of		
5	Did the organization inform all donors and don funds are the organization's property, subject t	o the organization's exclusive legal con	trol <sup>7</sup>	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits the conferring impermissible private benefits the conferring impermissible private benefits the conferring impermissible private benefits the conferring impermissible private benefits the conferring impermissible private benefits the conferring the	ne benefit of the donor or donor advisor	ant funds may be or for any other	Yes	☐ No
Rai	付割 Conservation Easements Comple	ete if the organization answered	I 'Yes' to Form 99	00, Part IV, line	7.
	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., re		rvation of an historica	ally important land a	rea
	Protection of natural habitat		rvation of certified his	toric structure	
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribu		conservation easeme	ent on the
				Held at the End of	the Year
á	a Total number of conservation easements		2a		
ı	Total acreage restricted by conservation easen	nents	2b		
(	Number of conservation easements on a certification	ed historic structure included in (a)	2c		
(	d Number of conservation easements included in		2d		
3	Number of conservation easements modified, t	ransferred, released, extinguished, or te	erminated by the orga	inization during the t	tax
	year >				
4	Number of states where property subject to con	nservation easement is located 🟲 🔃			
5	Does the organization have a written policy regand enforcement of the conservation easemen	parding the periodic monitoring, inspecti t it holds?	ion, handling of violat	ions, Yes	□ No
6	Staff and volunteer hours devoted to monitorin during the year •		on easements —	_	_
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation ea	ssements \$ _		_
8	Does each conservation easement reported on 170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	line 2(d) above satisfy the requirement	ts of section	☐ Yes	□No
_					
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in its reve the organization's financial statements	nue and expense stat s that describes the or	rganization's accoun	ting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasu wered 'Yes' to Form 990, Part I	ires, or Other Sin V, line 8.	nilar Assets	
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or research in f	statement and balanc furtherance of public s	e sheet works of art service, provide, in F	, historical Part XIV,
ı	b If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items	SFAS 116, to report in its revenue state c exhibition, education, or research in f	ement and balance sh furtherance of public s	neet works of art, his service, provide the f	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			►\$ ►\$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar a 16 relating to these items:	assets for financial ga	in, provide the follow	ving
i	a Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
	<b>b</b> Assets included in Form 990, Part X			►\$ ►\$	

Schedule D (Form 990) 2009 AGENI					72-105		Page 2
Part III   Organizations Mainta	ining Collec	tions of Art,	<u> Historic</u>	al Treasures, or	Other Similar Ass	ets (con	tınued)
3 Using the organization's acquisition items (check all that apply)	on accession ar	nd other records,	check ar	ny of the following tha	t are a significant use	of its collec	ction
a Public exhibition		d 🗌	Loan or e	xchange programs			
<b>b</b> Scholarly research		е 🗌	Other	· <del>-,.</del>	- <del></del>		
c Preservation for future generation	ations						
4 Provide a description of the organ Part XIV		•		-		ın	
5 During the year, did the organizat assets to be sold to raise funds re						Yes	No
Pårt IV Escrow and Custodia 9, or reported an amo	I Arrangeme unt on Form	ents Complet 990, Part X,	e if orga line 21	anization answere	ed 'Yes' to Form 9	90, Part	IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	•				assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the fo	ilowing ta	ble.	F .		
						Amount	
c Beginning balance					1c		
d Additions during the year					1 d		<del></del>
e Distributions during the year					1 e		
f Ending balance		000 5 1 1 1	010	•	1f	<u> Пу</u>	
2a Did the organization include an a		990, Part X, line	:217			∐ Yes	∐ No
Part V Endowment Funds Co		onization an		'Voc' to Form 990	) Part IV line 10		
Part. V.   Endowment Funds Co						(a) Faur	r years back
4.0	(a) Current ye	ear (b) Pr	ior year	(c) Two years back	(d) Three years back	(e) Foul	years back
1 a Beginning of year balance							
<b>b</b> Contributions						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· ************************************
c Net Investment earnings, gains, and losses							
d Grants or scholarships	- 12-1			12* - 3*			- 250
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses					<u>. 3 - 300 - 310 -</u>	1.6	
<b>g</b> End of year balance						7 .8	ing Stand W. Y
2 Provide the estimated percentage	e of the year en	d balance held a	s:				
a Board designated or quasi-endow	vment 🟲	*					
<b>b</b> Permanent endowment ▶	%						
c Term endowment ►	%						
3a Are there endowment funds not in	n the possessio	n of the organiza	ition that	are held and administ	ered for the	┌┰	es No
organization by  (i) unrelated organizations						3a(i)	63 140
•						3a(ii)	_
(ii) related organizations  b If 'Yes' to 3a(ii), are the related o	raonizations lie	tod ac roquirod a	n Schodi	ıla D2		3b	
4 Describe in Part XIV the intended	•	•				30	
Part VI; Investments—Land, B					line 10		
Description of investment		a) Cost or other		(b) Cost or other	(c) Accumulated	(d) Box	ok Value
Description of investment	'	(investment)	70313	basis (other)	Depreciation	(0) 000	/k value
1 a Land							
<b>b</b> Buildings					·		
c Leasehold improvements							
<b>d</b> Equipment							
e Other							
Total. Add lines 1a through 1e (Column	n (d) must equa	l Form 990, Part	X, colun	ın (B), line 10(c).)	<b>&gt;</b>		
BAA					Sched	dule <b>D</b> (For	m 990) 2009

Part VII Investments—Other Securities See	: Form 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuat Cost or end-of-year mark	ion et value
Financial derivatives .			
Closely-held equity interests			
Other			
			<del> </del>
			<del></del>
			<del></del>
	<del> </del>		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)	o Form 000 Port V Ju	20 12)	
Part VIII Investments-Program Related (Se			
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	et value
			·
			·
		7,8%	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	V line 15)		· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets (See Form 990, Part			(b) Book value
	) Description		75.
DEPOSITS			, , , , , ,
			·
10.00			
Total. (Column (b) must equal Form 990, Part X, col (B)	), line 15)	<b>&gt;</b>	75.
Part X Other Liabilities (See Form 990, P	art X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
			,
			*
			•
			<b>*</b> <
			,* *
			*
			×
		^ **	<del>*</del>
Total (Column (h) must equal Form 990, Part X col. (B) line 25)	<del></del>		•

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	TEXIS Reconciliation of Change in Net Assets from Form 990 to Financial Statements	2-105	6137 Page 4
	Total revenue (Form 990, Part VIII,column (A), line 12)		2,095,759.
2	Total expenses (Form 990, Part IX, column (A), line 25)	ŀ	2,093,139.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	ŀ	2,287.
4	Net unrealized gains (losses) on investments	ŀ	2,201.
5	Donated services and use of facilities	}	<del> </del>
6	Investment expenses	ŀ	<del></del>
	Prior period adjustments	ŀ	·
8	Other (Describe in Part XIV)	ŀ	<del></del>
	Total adjustments (net) Add lines 4 through 8	ŀ	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	ł	2,287.
	TXIII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	≀eturn	2,207.
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments	1	
	Donated services and use of facilities 2b		
c	: Recoveries of prior year grants		
	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
a	Investments expenses not included on Form 990, Part VIII, line 7b		
t	Other (Describe in Part XIV)		
Ç	: Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	rn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	. *	
a	Donated services and use of facilities 2a	-l.2. d	
t	Prior year adjustments 2b	_	
C	Other losses 2c		
	Other (Describe in Part XIV) . 2d		
	e Add lines 2a through 2d	2 e	<del></del>
	Subtract line 2e from line 1	3	<del></del>
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
	a Investments expenses not included on Form 990, Part VIII, line 7b	-1	
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)  1:XIV Supplemental Information	5	
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this pa mation.	rt to pro	and 2b; Part V, vide any additional
- <b>-</b> -			
DAA			<del></del>

Schedule D (Form 990) 2009 AGENDA FOR CHILDREN, INC.	72-1058157	Page <b>5</b>
PartXIV Supplemental Information (continued)		

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Employer identification number

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

AGENDA FOR CHILDRE	N, INC.	J72-1058157
Pt_VI-B, Line 11A	Exec Director and Executive Board review the IRS 1	Form 990 prior to mailing.
Pt_VI-B, Line 12c	Officers, Directors, & key employees are regui	red_annually_to
	sign the agency's conflict of interest policy.	
Pt_VI-C, Line 19	Information is available upon written request.	
Pt_VI-B, Line 15	A independant committee is formed to evaluate po	sitions and compensation
	of all key positions.	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.

ADOLESCENCE; THAT THEY ARE PROTECTED FROM HARM; AND BY ACTING IN WAYS THAT COMBAT RACISM AND OTHER FORMS OF OPPRESSION.

ADOLESCENCE; THAT THEY ARE PROTECTED FROM HARM; AND BY ACTING IN WAYS THAT COMBAT RACISM AND OTHER FORMS OF OPPRESSION