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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

benefit trust or private foundation)

2010

OMB No 1545-0047

Open to Public
Inspection

A Forth	ne zoto ca	lendar year, or tax year beginning 01-01-2010 and ending 12-31-2010					
	ıf applicable	C Name of organization		D Employe	r identification number		
Address		HOLT INTERNATIONAL CHILDREN'S SERVICES INC		23-725	7390		
Name o	_	Doing Business As		E Tolonho	a number		
Initial re			Room/suite	г тегерпот	ne number		
Termina		Number and street (or P O box if mail is not delivered to street address) 1195 CITY VIEW STREET		1)687-2202			
— Amende — Applicat	led return ation pending	City or town, state or country, and ZIP + 4 EUGENE, OR 974023325		G Gross rec	eıpts \$ 23,937,487		
	' 1	F Name and address of principal officer	117 - 3				
		KIM BROWN	n(a) Isthisa	group return for a	ffiliates? Yes No		
		1195 CITY VIEW STREET	H(b) Are all a	iffiliates includ	ed?		
		EUGENE, OR 974023325		" attach a l exemption	ıst (see ınstructıons) number ▶		
Tax-ex	xempt status	▼ 501(c)(3)	(0)	·			
J Webs	site: 🟲 WW	W HOLTINTL ORG					
K Form of	f organization	✓ Corporation Trust Association Other ►	L Year of form	nation 1971	M State of legal domicile OF		
Part 1	I Sum	mary	•				
Governance	SEPARA	ILDREN WHO ARE ORPHANED, ABANDONED OR SEPARATED FROM TION THIS WORK IS THE EXPRESSION OF GOD'S COMPASSION FO ING SERVICES AND ADVOCATING FOR THE BEST INTEREST OF CH CES	OR CHILDRE	N HOLT IS	A GLOBAL LEADER IN		
පී							
agi 2	2 Checkth	nis box দ if the organization discontinued its operations or disposed of	more than 25	% of its ne	t assets		
8 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3 Number	of voting members of the governing body (Part VI, line 1a)		3	18		
፤ 4	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	18		
-		mber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	166		
6	6 Total nui	mber of volunteers (estimate if necessary)		6	10,000		
		related business revenue from Part VIII, column (C), line 12		7:	0		
	b Net unre	lated business taxable income from Form 990-T, line 34	T	7	b 0		
			Prior		Current Year		
		butions and grants (Part VIII, line 1h)		Year 10,016,50:	11,994,306		
	9 Progra	m service revenue (Part VIII, line 2g)		10,016,50 12,478,78	11,994,306 2 11,269,671		
enue 9	9 Progra 0 Invest	m service revenue (Part VIII, line 2g)		10,016,503 12,478,782 74,946	11,994,306 11,269,671 -22,377		
History 10 11	9 Progra0 Invest1 Other	m service revenue (Part VIII, line 2g)		10,016,50 12,478,78	11,994,306 11,269,671 -22,377		
enue 9	9 Progra0 Invest1 Other2 Total r	m service revenue (Part VIII, line 2g)		10,016,503 12,478,782 74,946	11,994,306 2 11,269,671 5 -22,377 4 60,840		
History 10 11	9 Progra0 Invest1 Other2 Total r12) .	m service revenue (Part VIII, line 2g)		10,016,503 12,478,782 74,946 44,074	11,994,306 11,269,671 -22,377 4 60,840 5 23,302,440		
9 10 H 11 12	 9 Progra 0 Invest 1 Other 2 Total r 12) . 3 Grants 	m service revenue (Part VIII, line 2g)		10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078	11,994,306 11,269,671 -22,377 60,840 23,302,440 9,174,249		
9 10 11 12 13 14 15	 Progra Invest Other Total r 12) . Grants Benefit 	m service revenue (Part VIII, line 2g)		10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078	11,994,306 11,269,671 -22,377 60,840 23,302,440 9,174,249		
9 10 11 12 13 14 15	 Progra Invest Other Total r 12) . Grants Benefit 	m service revenue (Part VIII, line 2g)		10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078	11,994,306 11,269,671 -22,377 60,840 5 23,302,440 3 9,174,249		
9 10 11 12 13 14 15	 Progra Invest Other Total r 12) . Grants Benefit Salarie 10) 	m service revenue (Part VIII, line 2g)		10,016,503 12,478,782 74,946 44,074 22,614,309 8,933,078	11,994,306 11,269,671 -22,377 60,840 5 23,302,440 3 9,174,249 0 7,370,274		
9 10 11 12 13 14 15 16 16	9 Progra 0 Invest 1 Other 2 Total r 12). 3 Grants 4 Benefit 5 Salarie 10) 6a Profes	m service revenue (Part VIII, line 2g)		10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078	11,994,306 11,269,671 -22,377 60,840 5 23,302,440 3 9,174,249 0 0 7,370,274		
9 10 11 12 13 14 15	 9 Progra 0 Invest 1 Other 2 Total r 12) . 3 Grants 4 Benefit 5 Salarie 10) 6a Profes b Total fu 	m service revenue (Part VIII, line 2g)		10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078	11,994,306 11,269,671 -22,377 60,840 23,302,440 3 9,174,249 0 7,370,274 7 158,815		
9 10 11 12 13 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	9 Progra 0 Invest 1 Other 2 Total r 12). 3 Grants 4 Benefit 5 Salarie 10) 6a Profes b Total fu 7 Other 8 Total e	m service revenue (Part VIII, line 2g)		10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078 (0 6,961,884 102,983 6,104,433 22,102,386	11,994,306 11,269,671 -22,377 60,840 23,302,440 9,174,249 0 0 4 7,370,274 7 158,815 1 7,135,624 0 23,838,962		
9 10 11 12 13 14 15 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	9 Progra 0 Invest 1 Other 2 Total r 12). 3 Grants 4 Benefit 5 Salarie 10) 6a Profes b Total fu 7 Other 8 Total e	m service revenue (Part VIII, line 2g)		10,016,503 12,478,783 74,946 44,074 22,614,303 8,933,078 6,961,884 102,983 6,104,433 22,102,386 511,923	11,994,306 11,269,671 5 -22,377 60,840 5 23,302,440 9,174,249 0 0 4 7,370,274 7 158,815 1 7,135,624 0 23,838,962		
9 10 11 12 13 14 15 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	9 Progra 0 Invest 1 Other 2 Total r 12). 3 Grants 4 Benefit 5 Salarie 10) 6a Profes b Total fu 7 Other 8 Total e	m service revenue (Part VIII, line 2g)	Beginning	10,016,503 12,478,783 74,946 44,074 22,614,303 8,933,078 6,961,884 102,983 6,104,433 22,102,386 511,923	11,994,306 11,269,671 -22,377 60,840 23,302,440 9,174,249 0 0 4 7,370,274 7 158,815 1 7,135,624 0 23,838,962		
9 10 11 12 EXPENSE 11 12 13 14 15 16 16 17 18 19 19	9 Progra 0 Invest 1 Other 2 Total r 12). 3 Grants 4 Benefit 5 Salarie 10) 6a Profes b Total fu 7 Other 8 Total e 9 Reven	m service revenue (Part VIII, line 2g)	Beginning	10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078 6,961,884 102,983 6,104,433 22,102,386 511,929 of Current car	11,994,306 11,269,671 -22,377 60,840 23,302,440 39,174,249 00 7,370,274 7 158,815 1 7,135,624 23,838,962 -536,522 End of Year		
9 10 11 12 13 14 15 16 16 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	9 Progra 0 Invest 1 Other 2 Total r 12). 3 Grants 4 Benefi 5 Salarie 10) 6a Profes b Total fu 7 Other 8 Total e 9 Reven	m service revenue (Part VIII, line 2g)	Beginning	10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078 6,961,884 102,983 6,104,433 22,102,380 511,929 of Current iar	11,994,306 11,269,671 -22,377 60,840 23,302,440 39,174,249 0 7,370,274 7,135,624 23,838,962 -536,522 End of Year 23,3433,118		
9 10 11 12 EXPENSE 11 12 13 14 15 16 16 17 18 19 19	9 Progra 0 Invest 1 Other 2 Total r 12). 3 Grants 4 Benefi 5 Salarie 10) 6a Profes b Total fu 7 Other 8 Total e 9 Reven 0 Total a 1 Total i	m service revenue (Part VIII, line 2g)	Beginning	10,016,503 12,478,783 74,946 44,074 22,614,303 8,933,078 6,961,884 102,983 6,104,433 22,102,380 511,923 of Current tear 12,350,933 4,812,163	11,994,306 11,269,671 -22,377 60,840 23,302,440 3 9,174,249 0 0 7,370,274 7 158,815 1 7,135,624 23,838,962 -536,522 End of Year 2 13,433,118 5,749,560		
99 438 53 44 4 11 12 13 14 15 15 16 18 19 19 19 19 19 19 19 19 19 19 19 19 19	9 Progra 0 Invest 1 Other 2 Total r 12). 3 Grants 4 Benefit 5 Salarie 10) 6a Profes b Total fu 7 Other 8 Total e 9 Reven 0 Total a 1 Total I	m service revenue (Part VIII, line 2g)	Beginning	10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078 6,961,884 102,983 6,104,433 22,102,380 511,929 of Current iar	11,994,306 11,269,671 -22,377 60,840 23,302,440 39,174,249 0 07,370,274 7,135,624 23,838,962 -536,522 End of Year 213,433,118 5,749,560		
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# 10 Part II P	Progra O Invest Other Total r 12). Grants Benefi Salarie 10) Frofes Total fu Other Total fu Other Total a Reven Total a I Total a I Total a I Sign enalties of poge and belief ge. Print/Type preparer's	mservice revenue (Part VIII, line 2g)	Beginning Ye edules and statis based on all 201 Dat	10,016,503 12,478,783 74,946 44,074 22,614,309 8,933,078 6,961,884 102,983 6,104,433 22,102,386 511,929 of Current tar 12,350,933 4,812,163 7,538,773 atements, and informatio	11,994,306 11,269,671 60,840 23,302,440 39,174,249 0 7,370,274 158,815 7,135,624 23,838,962 -536,522 End of Year 213,433,118 5,749,560 7,683,558 d to the best of my n of which preparer has any		

EUGENE, OR 97401

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

Phone no 🕨 (541) 686-

Par	t III		of Program Servi ule O contains a resp			· II	
1	Brief		rganization's mission				,
_		DULE O	rgamzation 5 mission				
<u> </u>	JUILL						
2		-	ndertake any significa 990-EZ?			ear which were not listed on	┌ Yes ┌ No
			se new services on Sc				, 155 , 115
3		•			nt changes in how it	conducts, any program	
		ces?					┌ Yes ┌ No
	If "Ye	s," describe the	se changes on Schedu	ile O			
4		•	•		_	ee largest program services l	•
			d 501(c)(4) organızatı the total expenses, aı		` ,` ,	s are required to report the ai	mount of grants and
	alloca	ations to others,	the total expenses, al	ia revenue, n	any, for each progra	in Service reported	
4a	(Code	e) (Expenses \$	6,664,654	ıncludıng grants of \$) (Revenue \$	2,771,055)
						SIONAL SERVICES INCURRED IN CO	
						IG AND INTERNATIONAL PROCESSIN MATION TO SPONSORS CONCERNIN	
		AGEMENT ASSISTANO /IDED	CE AND PROGRAM DEVELO	PMENT FOR INTE	RNATIONAL PROGRAMS	360 HOME STUDIES COMPLETED, 3	3,226 POST ADOPTION SERVICES
		71020					
4b	(Code	e) (Expenses \$	2,012,303	including grants of \$) (Revenue \$	2,338,679)
	INTE	RNATIONAL PROGRA	M SERVICES CONSIST OF I	DIRECT EXPENSE	S INCURRED BY HOLT IN	OTHER COUNTRIES FOR ADOPTION	N SERVICES, PERMANENCY
						NSELING, AND ASSISTANCE FOR DI: TIONAL PROGRAMS 749 UNITED ST	
			Y REUNIFICATIONS, AND			TIONAL TROOKATIS 713 ONLI ES ST	ATES ABOT TIONS, 733 BOTTESTIC
4c	(Cod	е) (Expenses \$	9,174,249	ıncludıng grants of \$	9,174,249) (Revenue \$	6,807,564)
							THE CONTROL OF SEPARATE BOARD
		PECTIVE IN-COUNTR		I HIS SUPPORT IS	S NEGULIALED AND DASE	D ON FISCAL POLICIES AND AGREE	MENTS FOR SUPPORT OF THE
4d	Othe	er program servi	ces (Describe in Sch	edule O)			
	(Exp	oenses \$	ınclı	uding grants o	f\$) (Revenue \$)
4e	Tota	al program servic	e expenses►\$	17,851,20)6		

art IV	Che	cklist	of R	eauire	d	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	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.	11b		Νο
c	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.	11c		Νο
d	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.	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Parts I and IV	14b	Yes	
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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	Yes	
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organization the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2 1		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United State on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	s 22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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 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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction we a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? "Yes," complete Schedule L, Part I	<i>If</i> 25b		No
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 L, Part II	or 26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substant contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part instructions for applicable filing thresholds, conditions, and exceptions)	IV		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) wan officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Tyes \overline{V} No.	,		
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		No
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		No
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	Yes	
		F	orm 99 0	0(2010)

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			
		Yes	No
Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
Ta 18	-		
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
return	-		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
Did the organization have unrelated business gross income of \$1,000 or more during the			
year?	3a		N
If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
If "Yes," enter the name of the foreign country ►ET, GT, VM			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		NI.
organization have annual gross receipts that are normally greater than \$100,000, and did the	оа		N ·
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
were not tax deductible?	6b		
Organizations that may receive deductible contributions under section 170(c).		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
file Form 8282?	7c		N
If "Yes," indicate the number of Forms 8282 filed during the year	-		
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
contract?	7e		N ·
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N ·
If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Form 1098-C?	7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
business holdings at any time during the year?	8		
Sponsoring organizations maintaining donor advised funds.			
Did the organization make any taxable distributions under section 4966?	9a		
Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter			
Initiation fees and capital contributions included on Part VIII, line 12 10a			
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
facilities Section 501(c)(12) organizations. Enter			
Gross income from members or shareholders			
Gross income from other sources (Do not net amounts due or paid to other sources	1		
against amounts due or received from them)]		
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the			
year 12b]		
Section 501(c)(29) qualified nonprofit health insurance issuers.			
Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
note: See the instructions for additional information the organization must report on schedule of	-		
F-1			
Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	1		
Enter the amount of reserves on hand	j	۱ ۱	ı
Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		N c

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

Chack if Schadula O	contains a response to an	y question in this Part VI									J
Check if Schedule O	contains a response to an	y question in this Fait vi	-	-	•	•	-	•	•		. *

Se	ction A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			110
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5	Yes	Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	_05		
17	List the States with which a copy of this Form 990 is required to be filed▶AL,AK,AZ,AR,CA,CT,FL,GA,IL	, KS .	KY , LA	, ME
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	. ,	,	
	(3)s only) available for public inspection Indicate how you make these available Check all that apply Own website Another's website Upon request			
40				

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FEVIN SWEENEY
 1195 CITY VIEW

EUGENE, OR 974023075 (541) 687-2202

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	tion (that a	(che		l I		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) JAN AHRENS DIRECTOR	1 00	х						0	0	0
(2) CYNTHIA BIGELOW DIRECTOR	1 00	х						0	0	0
(3) REBECCA BRANDT VICE-CHAIRMAN	1 00	х		Х				0	0	0
(4) LAWRENCE CAHILL DIRECTOR	1 00	х						0	0	0
(5) WILMA CHENEY DIRECTOR	1 00	х						0	0	0
(6) CYNTHIA DAVIS DIRECTOR	1 00	х						0	0	0
(7) WILLIAM E FITZGERALD DIRECTOR	1 00	х						0	0	0
(8) MAUREEN E GRIMAUD DIRECTOR	1 00	х						0	0	0
(9) JOSEPH M HA DIRECTOR	1 00	х						0	0	0
(10) KIM HANSON DIRECTOR	1 00	х						0	0	0
(11) CLAYTON E HENDERSON DIRECTOR	1 00	х						0	0	0
(12) ERIC J LARSEN DIRECTOR	1 00	х						0	0	0
(13) KENNETH T MATSUURA DIRECTOR	1 00	х						0	0	0
(14) JOSEPH P MATTURRO DIRECTOR	1 00	х						0	0	0
(15) CLAIRE A NOLAND SECRETARY	1 00	х		х				0	0	0
(16) JEFFREY B SADDINGTON CHAIRMAN	1 00	х		Х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		(on the text of th	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) FRANCIS W WANKOWICZ DIRECTOR	1 00	х						0	0	0
(18) JEFFREY M WEINKAUF DIRECTOR	1 00	х						0	0	0
(19) KIM S BROWN PRESIDENT & CEO	40 00			х				149,146	0	10,647
(20) KEVIN SWEENEY VP OF FINANCE	40 00			х				121,797	0	19,286
(21) PHILLIP LITTLETON SENIOR VP	40 00					х		132,318	0	30,049
(22) DEAN BRUNS VP OF ADVANCEMENT	40 00					х		127,543	0	21,533
1b Sub-Total				•	•		F			
d Total (add lines 1b and 1c)	o Part VII, Sec						 	530,804	0	81,515
Total number of individuals (inclusion) \$100,000 in reportable compens	ıdıng but not lım	nited to	thos	e list		above)) who	received more tha	n	

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	V		•
		4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NEWSONG MINISTRIES INC 825 SMITH ROAD BALL GROUND, GA 30107	PERFORMANCE ARTIST	1,191,307
MUSE ASSOCIATES 7616 KEMBERTON DRIVE EAST NOLENSVILLE, TN 37135	EVENT PRODUCTION	252,000
EMERALD VALLEY CRAFTSMEN 620 WHITAKER COTTAGE GROVE, OR 97424	PRINTING AND GRAPHICS	155,788
MASTERWORKS 19462 POWDER HILL PLACE NE POULSBO, WA 98370	FUNDRAISING CONSULTING	122,882
CONVIO INC PO BOX 671445 DALLAS, TX 75267	DATA PROCESSING	101,144
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5) who received more than	

Form 9		•					Pa	ge 9
Part V	VIII	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
46	-	Fodousked community		78,138				512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1c . 1d	204,437				
Contribution and other s	g	All other contributions, gifts, grants similar amounts not included above Noncash contributions included in I Total. Add lines 1a-1f	e Ines 1a-1f \$	11,481,207	11,994,306			
Program Service Revenue	2a b c d	ADOPTION FEES TOUR FEES TRANSPORTATION FEES ADOPTEE SERVICES		624100 561520 480000 624100	10,579,355 297,491 225,570 167,255	225,570		
Program	g	Total. Add lines 2a-2f .			11,269,671			
	3 4 5	Investment income (including and other similar amounts) Income from investment of tax-extra Royalties	empt bond proceeds		146,651 8,707			146,651 8,707
	b c	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(ı) Real	(II) Personal				
		Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities 265,392 265,378	(II) O ther 45,973 215,015				
en e	d	Gain or (loss) Net gain or (loss) Gross income from fundraisi (not including		-169,042	-169,028	-169,028		
Other Revenue	ı	\$204,437 of contributions reported on See Part IV , line 18 Less direct expenses .	. a . b	174,142 128,162	45.000			45.00
	9a b c		ctivities See Part IV, line 19 . a b ming activities		45,980			45,986
	ь	returns and allowances . Less cost of goods sold . Net income or (loss) from sa	a . b	30,048 26,492	3,556	3,556		
	11a		<u> </u>	Business Code 900099	2,597			2,59
	e	HAll other revenue Total. Add lines 11a-11d Total revenue. See Instructi			2,597			
					23,302,440	11,104,199	o rm 990 (20	

	990 (2010)				Page 10
Par	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c	-		(D)	
	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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	9,174,249	9,174,249		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	300,876		300,876	
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	5,586,169	4,099,163	597,993	889,013
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	295,811	216,687	29,969	49,155
9	Other employee benefits	672,289	447,320	106,659	118,310
10	Payroll taxes	515,129	363,596	74,955	76,578
а	Fees for services (non-employees) Management				
ь	Legal	31,373	21,281	9,200	892
с	Accounting	32,379	734	31,645	
d	Lobbying	·			
e	Professional fundraising services See Part IV, line 17	158,815			158,815
f	Investment management fees	26,165		26,165	· · · · · ·
g	Other	1,048,804	688,124	 	169,006
12	Advertising and promotion	1,601,394	58,569	16,859	1,525,966
13	Office expenses	1,292,273	,	106,110	541,499
14	Information technology	71,331	,	71,331	· · · · · · · · · · · · · · · · · · ·
15	Royalties	,		,	
16	Occupancy	477,768	350,103	126,465	1,200
17	Travel	993,781	746,844	 	153,764
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	330,701	7.10,011	33,273	135,701
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	200,478	156,559	30,083	13,836
23	Insurance	175,942	3,120	172,822	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CHILD CARE & MEDICINE	345,103	345,103		
b	TOURS	273,550	273,550		
c	BANK FEES AND CURRENCY	235,497	4,602	230,895	
d	INTERCOUNTRY TRANSPORTA	204,588	204,588		
e	STAFF DEVELOPMENT	31,438	19,815	 	3,583
f	All other expenses	93,760	32,535	<u> </u>	17,998
25	Total functional expenses. Add lines 1 through 24f	23,838,962			3,719,615
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	25,550,752	2.,1004,1200	2,230,111	5,. 15,015

Part X Balance Sheet (A) (B) Beginning of year End of year 453.468 335,606 1 2 1.820.697 2 1.847.714 49,833 543,941 3 1,044,683 1,013,927 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 19,735 15,523 Prepaid expenses and deferred charges 1,426,922 1,824,763 10a Land, buildings, and equipment cost or other basis Complete 3,417,464 10a Part VI of Schedule D 1.916.663 ь Less accumulated depreciation 10b 1,552,388 **10c** 1,500,801 5.936.189 6.354.235 11 11 20.000 23,625 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 12,350,932 16 13,433,118 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 793,905 600.021 17 17 Accounts payable and accrued expenses . 18 313,835 18 682,414 3.693.414 4.079.199 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 204.891 25 194.042 Other liabilities Complete Part X of Schedule D 26 4,812,161 26 5,749,560 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 4,466,202 27 3,685,745 Unrestricted net assets Temporarily restricted net assets 28 974,418 28 1,245,533 Fund 2,098,151 29 2,752,280 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 7,538,771 33 7,683,558 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 12.350.932 13,433,118

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23,3	302,44	
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,838,96			
3	Revenue less expenses Subtract line 2 from line 1	3	-536,52		536,52	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,5	538,77	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		6	581,30	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7,6	583,55	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			৮	•	
				Yes	No	
1	Accounting method used to prepare the Form 990 Cash 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		No	
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes		
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued				
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?	2	3a		No	
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b			

DLN: 93493131025281

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

HOLT INTERNATIONAL CHILDREN'S SERVICES INC

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. **Employer identification number**

23-7257390 Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	<u> </u>		•	on of churches, or as				ection 170(D)(1)(A)(I).				
2	_			I in section 170(b)(1				470/13/					
3 4	<u> </u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state							(1)(A)((iii). Ente	r the		
5	\vdash	Anorga	anızatıon op	erated for the benefit	t of a college	or universit	y owned or o	perated by	a governmen	tal unıt	describ	ed in	
		section	170(b)(1)(A)(iv). (Complete P	art II)								
6	Γ	A feder	al, state, or	local government or	government	al unit desci	rıbed ın secti	on 170(b)(1)(A)(v).				
7	Γ	describ	ed in	at normally receives A)(vi) (Complete P		l part of its :	support from	a governm	ental unit or f	rom the	e genera	public	2
8	Γ	A comr	nunity trust	described in section	170(b)(1)(A)(vi) (Com	plete Part II)					
9	▽	Anorga	anızatıon tha	at normally receives	(1) more th	an 331/3% d	of its support	from contr	ıbutıons, men	nbershi	ıp fees, a	nd gro	SS
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of													
		ıts sup _l	port from gro	oss investment incoi	me and unrel	ated busines	ss taxable ind	come (less	section 511	tax) fro	om busın	esses	
		acquire	d by the org	janization after June	30,1975 S	ee section 5	09(a)(2). (Co	omplete Pa	rt III)				
10	Γ	Anorga	anızatıon org	janized and operated	l exclusively	to test for p	ublic safety	Seesectio	n 509(a)(4).				
e f g	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organizations check this box							. Check her ons 1) or					
(i) Name o supporte organizati		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	ion in your	(vi Is th organiza col (i) org	ne tion in ganized	1	A mo	/ii) unt of oport
				instructions))	Yes	No	Yes	No	Yes	No	,		
									1	+			
											+		
												-	
[ota									1	1			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support		•			•		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,028,303	8,911,736	9,825,573	10,016,503	11,	994,306	47,776,421
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	12,864,430	9,680,672	11,375,809	12,525,017	11,	299,719	57,745,647
3	purpose Gross receipts from activities that are not an unrelated trade or				205,829		176,739	382,568
4	business under section 513 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	19,892,733	18,592,408	21,201,382	22,747,349	23,	470,764	105,904,636
	A mounts included on lines 1, 2, and 3 received from disqualified persons	89,175	112,718	56,154	526,022		761,442	1,545,511
Ь	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the							0
_	year Add lines 7a and 7b	89,175	112,718	56,154	526,022		761,442	1,545,511
8	Public Support (Subtract line 7c from line 6)				,			104,359,125
Se	ction B. Total Support		_					
Cale	ndar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
9	beginning in) A mounts from line 6	19,892,733	18,592,408	21,201,382	22,747,349	23,	470,764	105,904,636
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	190,432	231,326	180,893	161,321		155,358	919,330
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	190,432	231,326	180,893	161,321		155,358	919,330
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	267,657	201,724	-34,123	6,887			442,145
13	Total support (Add lines 9, 10c, 11 and 12)	20,350,822	19,025,458	21,348,152	22,915,557	·	626,122	107,266,111
14	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	section5	01(c)(3) organızatıon, ►
	ction C. Computation of Pub							
15	Public Support Percentage for 2010			13 column (f))		15		97 290 %
16	Public support percentage from 200	09 Schedule A, P	art III, line 15			16		97 640 %
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for				n (f))	17		0 860 %
10	Investment income percentage from	m 2000 Schodula	A Part III line 1	7		10		1 000 0/

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493131025281

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ 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

HO	ection 501(c)(4), (5), or (6) organ	·		Employer ider	itification number
110	LT INTERNATIONAL CHILDREN'S SERVIO	CES INC		23-7257390	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(L CONTRACTOR OF THE CONTRACTOR	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	rt I-B Complete if the or	ganization is exempt und	er section 501 <i>(</i>	c)(3)	
1	<u> </u>	e tax incurred by the organization	-		\$
2	·	e tax incurred by organization ma			\$
3		section 4955 tax, did it file Form			⊤ Yes
4a	Was a correction made?	,	•		YesNo
ь	If "Yes," describe in Part IV				·
Par		ganization is exempt und	er section 501(c) except section 50:	1(c)(3).
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527 ▶-	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file	Form 1120-POL for this year?			↑ — Yes No
5	Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	om the filing organization's to a separate political orga	funds Also enter the Inization, such as a		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and fil	led Form 5768	(election
Α	Check If the filing organization belongs to a	an affiliated group			
В	Check if the filing organization checked bo	x A and "limited control" provisions apply			
	Limits on Lobbying E (The term "expenditures" means a			(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1 a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		0	
c	Total lobbying expenditures (add lines 1a and 1	b)		0	
d	Other exempt purpose expenditures			23,838,962	
е	Total exempt purpose expenditures (add lines 1		23,838,962		
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		0	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total		
2a	Lobbying non-taxable amount	100,000	100,000	1,000,000	1,000,000	2,200,000		
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,300,000		
c	Total lobbying expenditures	18,791	18,000	18,000		54,791		
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f	Grassroots lobbying expenditures	0	0	0				

art II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		1.	a)		(b)	
		Yes	No		\ moun	nt
1	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					
а	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?					
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?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
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					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A Companies a lifetic and a minority of a companies to a continue of A / a / 4 / a a a stick to					n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), (or se		
	501(c)(6).	501(c)(5), « 		Yes	No
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501(c)(5), (1		
1 2	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2		
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I	501(c)(5), (1 2 3	Yes	No
1 2 3 Par	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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).	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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). Current year	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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). Current year Carryover from last year	501(c II-A, 1 2a 2b)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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	501(c II-A, 1 2a 2b 2c)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members 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). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	501(c II-A, 1 2a 2b 2c 3)(5), (1 2 3	Yes	No

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131025281

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization
HOLT INTERNATIONAL CHILDREN'S SERVICES INC

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99						
т.		(a) Dono	radvi	ised funds	(b) Funds and	other accounts
	otal number at end of year						
	ggregate contributions to (during year) ggregate grants from (during year)						
	ggregate value at end of year						
	id the organization inform all donors and donor advisions are the organization's property, subject to the					sed	┌ Yes ┌ No
u:	Id the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit						┌ Yes ┌ No
art	Conservation Easements. Complete	ıf the organızat	ion a	nswered "	Yes" to Forn	າ 990, Part 1	V, line 7.
P 	Protection of natural habitat	-		Preservation	on of an histor on of a certifie		·
	Preservation of open space						
	omplete lines 2a-2d if the organization held a quali asement on the last day of the tax year	ıfıed conservatıon	conti	rıbutıon ın tl	ne form of a co	nservation	
						Held at th	e End of the Year
Т	otal number of conservation easements				2a		
Т	otal acreage restricted by conservation easements				2b		
Ν	umber of conservation easements on a certified his	toric structure in	clude	dın (a)	2c		
N	umber of conservation easements included in (c) a	cquired after 8/17	7/06		2d		
	umber of conservation easements modified, transfe ne taxable year ▶	erred, released, ex	ktıngu	ıshed, or teı	rminated by th	e organızatıoı	n during
N	umber of states where property subject to conserva	ation easement is	locat	ed ►			
	oes the organization have a written policy regarding inforcement of the conservation easements it holds?	- ·	nitorin	ıg, ınspectio	n, handling of	violations, ar	od
S	taff and volunteer hours devoted to monitoring, insp	pecting and enforc	ing c	onservation	easements d	uring the year	-
Α	mount of expenses incurred in monitoring, inspecti	ng, and enforcing	conse	ervation eas	ements during	the year ► \$	
	oes each conservation easement reported on line 270(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy	the re	equirements	s of section		┌ Yes ┌ No
b	n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of t ne organization's accounting for conservation easen	the footnote to the			•		
art I	Organizations Maintaining Collection Complete if the organization answered '					ner Similar	Assets.
- а	the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	for public exhibiti	ion, e	ducation or	research ın fu		
h	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition,					
(i	i) Revenues included in Form 990, Part VIII, line 1					▶ \$	
(i	ii) Assets included in Form 990, Part X						
Ιf	f the organization received or held works of art, histological amounts required to be reported under SFA				ssets for finan		
	evenues included in Form 990, Part VIII, line 1			-		► \$	

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	torio	<u>cal Tre</u>	asu	res, or C)the	r Simila	<u>ar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne follo	owing th	at are	e a signific	ant u	ise of its	collectic	n	
а	Public exhibition		d	Γ	Loan or	exch	nange prog	rams				
ь	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	the o	rganızatıor	ı's ex	kempt pur	rpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	d "Y	es" to F	orm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for co	ontributi	ons o	or other ass	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ıble		Г			A mo	unt	
c	Beginning balance						Ī	1c				
d	Additions during the year						ļ	1d				
e	Distributions during the year						Ī	1e				
f	Ending balance						Ī	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?				L				Yes	┌ No
	If "Yes," explain the arrangement in Part XIV		_							•	_	,
	rt V Endowment Funds. Complete		n ans	were	d "Yes'	" to F	orm 990	, Par	t IV, line	e 10.		
		(a)Current Year		Prior `			vo Years Bac				e) Four Y	ears Back
1a	Beginning of year balance	3,911,189		3	,074,238							
b	Contributions	708,511			220,765							
c	Investment earnings or losses	604,290			794,545							
d	Grants or scholarships							\perp				
e	Other expenditures for facilities and programs	200,920			178,359							
f	Administrative expenses							\perp				
g	End of year balance	5,023,070		3	,911,189							
2	Provide the estimated percentage of the year	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	38 000 %										
ь	Permanent endowment 🕨 55 000 %											
c	Term endowment ► 7 000 %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	and a	dmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		. 3a(i)		No
ь	(ii) related organizations							•		3a(ii) . 3b	<u>' </u>	No I
4	Describe in Part XIV the intended uses of th	-						•				
	t VI Investments—Land, Building:					0, Pa	rt X, line	10.				
	Description of investment	,qaipiile	<u> </u>	(a)	Cost or o	ther	(b)Cost or o	other	(c) Accui		(d) Bo	ook value
1a	Land		_				70.	2,716				702,716
	Buildings		-					9,586		623,810		325,776
	Leasehold improvements		•				541	0,000		023,010		323,110
	Equipment		•				1 76	5,162	 	1,292,853		472,309
	Other		•				1,70	5,102	 	1,272,033	-	472,309
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990 Part X colum	nn (B)	<u> </u> . une	10(c))				<u></u> ▶			1,500,801
····		ani 550, raic A, coluii	(0)	, inte	±0(C)./	• •	<u> </u>	•			Form 0	90) 2010
									ocne	Juuie D (- OHIII 9	-201 ZU11

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	.
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

2 2,3,83,962 3 Excess or (deficit) for the year Subtract line 2 from line 1	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,302,440
Met unrealized gains (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,838,962
5	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-536,522
New time in expenses Contemporary Contempora	4	Net unrealized gains (losses) on investments	4	681,309
7	5	Donated services and use of facilities	5	
S	6	Investment expenses	6	
Part Total adjustments (net) Add lines 4 - 8 Part Add lines 4 - 8 Part Total adjustments (net) Add lines 4 - 8 Part Total adjustments (net) Add lines 4 - 8 Part Total adjustments (net) Add lines 4 - 8 Part Add lines 4 Part Part Add lines 4 Part P	7	Prior period adjustments	7	
10	8	Other (Describe in Part XIV)	8	
Total revenue, gains, and other support per audited financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Amounts included gains on investments Bob Donated services and use of facilities CRecoveries of prior year grants CRECOVERIES OF PROFESSION OF Add Incess 2a through 2d CRECOVERIES OF PROFESSION OF ADDITION OF ADD	9	Total adjustments (net) Add lines 4 - 8	9	681,309
1 Total revenue, gains, and other support per audited financial statements 1 24,085,746 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 4 681,309 4 b Donated services and use of facilities 2b 2b 2c c Recoveries of prior year grants 2c 2c 2c d Other (Describe in Part XIV) 2d 128,162 2e 809,471 3 Subtract line 2 £ from line 1 3 23,276,275 3 23,276,275 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 3 23,276,275 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 26,165 b Other (Describe in Part XIV) 4b 26,165 c Add lines 4a and 4b 4c 26,165 Total expenses and losses per audited financial Statements 5 23,302,440 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 23,940,959 a Donated services and use of facilities 2b 2	10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	144,787
A mounts included on line 1 but not on Form 990, Part VIII, line 12	Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	24,085,746
b Donated services and use of facilities 2b C Recoveries of prior year grants 2c C C Recoveries of prior year grants 2c C C Recoveries of prior year grants 2c C C C Recoveries of prior year grants 2d 128,162 C Recoveries of prior year grants 2d 128,162 2e 809,471 3d 23,276,275 4d 26,765 3 23,276,275 3d 23,276,275 3d 23,276,275 4d Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 26,165 5d 4c 26,165 6d 26,165 7d	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4c 4c 4c 4c 4c 4c 4c 4c 4c 8c	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d 128,162 2e 809,471 e Add lines 2a through 2d <	b	Donated services and use of facilities		
Add lines 2a through 2d Subtract line 2e from line 1 Subtract line 2a from line 1 Subtract line 2a through 2d Subtract line 2a through 2d Subtract line 2a from line 1 Subtract line 2e from line 2e	C	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 26,165 b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	809,471
Investment expenses not included on Form 990, Part VIII, line 7b 4a 26,165 4b 26,165 4b 26,165 4b 26,165 26,1	3	Subtract line 2e from line 1	3	23,276,275
b Other (Describe in Part XIV) 4b 4c 26,165 c Add lines 4a and 4b 4c 26,165 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 23,302,440 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 1 a Donated services and use of facilities 2a 4 b Prior year adjustments 2b 4 c Other losses 2c 2c d Other (Describe in Part XIV) 2d 128,162 3 Subtract line 2e from line 1 25, but not on line 1: 4a 26,165 b Other (Describe in Part XIV) 4b 4c 26,165 b Other (Describe in Part XIV) 4b 4c 26,165	4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 26,165		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c	Add lines 4a and 4b	4c	26,165
1 Total expenses and losses per audited financial statements 1 23,940,959 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 2a 3 a Donated services and use of facilities 2a 3 b Prior year adjustments 2b 3 c Other losses 2c 3 d Other (Describe in Part XIV) 2d 128,162 e Add lines 2a through 2d 2e 128,162 3 Subtract line 2e from line 1 3 23,812,797 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 3 23,812,797 4 A mounts included on Form 990, Part VIII, line 7b 4a 26,165 b Other (Describe in Part XIV) 4b 4c 26,165 c Add lines 4a and 4b 4c 26,165	_			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) 2d 128,162 e Add lines 2a through 2d 2 2e 128,162 3 Subtract line 2e from line 1 3 23,812,797 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 26,165 b Other (Describe in Part XIV) 4a 26,165 b Other (Describe in Part XIV) 4b 4c 26,165			per	
2 A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1	·	1	23,940,959
a Donated services and use of facilities	2			
b Prior year adjustments 2b 4 c Other losses 2c 2c d Other (Describe in Part XIV) 2d 128,162 e Add lines 2a through 2d 2e 128,162 3 Subtract line 2e from line 1 3 23,812,797 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: . <th></th> <th></th> <th></th> <th></th>				
c Other losses 2c d Other (Describe in Part XIV) 2d 128,162 e Add lines 2a through 2d 2e 128,162 3 Subtract line 2e from line 1 3 23,812,797 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 4a 26,165 b Other (Describe in Part XIV) 4b 4c 26,165 c Add lines 4a and 4b 4c 26,165	ь			
e Add lines 2a through 2d	c	· · · · · · · · · · · · · · · · · · ·		
e Add lines 2a through 2d	d	Other (Describe in Part XIV)	1	
3 Subtract line 2e from line 1	e		2e	128,162
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 26,165 b Other (Describe in Part XIV)	3		3	
b Other (Describe in Part XIV)	4			
b Other (Describe in Part XIV)	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 26,165		
	ь		1	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	С	Add lines 4a and 4b	4c	26,165
	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	HICS ENDOWMENT CONSISTS OF DONOR-RESTRICTED ENDOWMENT FUNDS FOR A VARIETY OF PURPOSES AND BOARD-DESIGNATED ENDOWMENT FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	HICS IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES HICS HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR INCOME TAXES IN THE FINANCIAL STATEMENTS PURSUANT TO ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES HICS GENERALLY EVALUATES ANY UNCERTAIN TAX POSITIONS CONSISTENT WITH THE ACCOUNTING AND DISCLOSURE REQUIREMENTS OF ASC 450, CONTINGENCIES HICS DID NOT HAVE ANY UNCERTAIN TAX POSITIONS IN CONNECTION WITH THESE FINANCIAL STATEMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES OF FUNDRAISING EVENTS 128,162
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES OF FUNDRAISING EVENTS 128,162

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HOLT INTERNATIONAL CHILDREN'S SERVICES INC

As Filed Data -

DLN: 93493131025281

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

23-7257390

Part I	General Information on	Activities Outside the United States.	Complete if the organization ans	wered
	"Yes" to Form 990, Part IV	, line 14b.		

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or				
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award				
	the grants or assistance?	₹ ·	Yes	Γ	No

For grant makers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3	Activites per Region (Use Part \	V ıf addıtıonal s	pace is needed)	1		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	1	7	PROGRAM SERVICES	VARIOUS CHILDREN SERVICES	858,028
	EAST ASIA AND THE PACIFIC	3	10	PROGRAM SERVICES	VARIOUS CHILDREN SERVICES	7,012,228
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	VARIOUS CHILDREN SERVICES	219,415
	SOUTH ASIA	1	1	PROGRAM SERVICES	VARIOUS CHILDREN SERVICES	724,710
	SUB-SAHARAN AFRICA	1	31	PROGRAM SERVICES	VARIOUS CHILDREN SERVICES	2,117,378
	RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	VARIOUS CHILDREN AND FAMILY SERVICES	186,462
	Sub-total		49			11,118,221
b	Total from continuation sheets to Part I		0			0
c	Totals (add lines 3a and 3b)		49			11,118,221
For P	rivacy Act and Paperwork Reduction	Act Notice, see	the Instructions 1	or Form 990. Cat	No 50082W Schedu	ıle F (Form 990) 2010

	· · · · · · · · · · · · · · · · · · ·
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 Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

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.	_		_	_	_	_	_	_	_		_		_	_	_	_	. •	+

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	✓	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	r	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	r	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	⊽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

information.		
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 HOLT INTERNATIONAL REVIEWS BUDGETS PREPARED BY GRANT RECIPIENTS FOR ASSURANCE THAT PROJECTED EXPENSES ARE REASONABLE AND FOCUSED ON ACHIEVING THE GRANT OBJECTIVES AND HOLT'S MISSION HOLT INTERNATIONAL REVIEWS REGULAR FINANCIAL REPORTS FROM GRANT RECIPIENTS FOR ASSURANCE THAT ACTUAL EXPENDITURES ARE IN LINE WITH THE BUDGET AND FOCUSED ON REACHING GRANT OBJECTIVES IN ADDITION, HOLT INTERNATIONAL STAFF PERSONALLY VISIT GRANT SITES AND REVIEW FINANCIAL SYSTEMS
	l	Sahadula E (Farm 000) 2010

Software ID: Software Version:

EIN: 23-7257390

Name: HOLT INTERNATIONAL CHILDREN'S SERVICES INC

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	INTERNATIONAL ADOPTION	3,177,418	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	ADOPTION FEES, CONTRIBUTIONS, AND SUPPORT	2,422,448	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	CHILD CARE, SERVICES TO FAMILIES, RELIEF AND TRAINING	470,952	WIRE TRANSFER			
		SOUTH ASIA	CHILD CARE, BUILDING PROJECTS, INTERNATIONAL ADOPTION AND	443,954	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	TRAINING FAMILY PRESERVATION	434,000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CHILD CARE/ADOPTION AND ADDIS ADMINISTRATION SUPPORT	371,900	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	FOSTER CARE, HIV EDUCATION AND SUPPORT, INTERNATIONAL ADOPTION, UNWED MOTHERS PROGRAM, CHILD CARE, AND TRAINING	295,355	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	DURAME CHILD CARE, DURAME ADMINISTRATION SUPPORT, WOLAYTA CHILD CARE	284,756	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	FOSTER CARE, INTERNATIONAL ADOPTION, ADMINISTRATION, OUTREACH, CHILD CARE, UNWED MOTHERS PROGRAM, PURCHASES, DOMESTIC ADOPTION, SERVICES TO FAMILIES, AND TRAINING	226,249	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	CHILD CARE AND TRAINING	205,886	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	CHILD CARE AND SERVICES TO FAMILIES, INTERNATIONAL ADOPTION, PURCHASES, AND TRAINING	205,287	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	RELIEF	145,904	WIRE TRANSFER			
		SOUTH ASIA	CHILD CARE, INTERNATIONAL ADOPTION, TRAINING, AND PURCHACES	128,517	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	CHILD CARE AND INTERNATIONAL ADOPTION	73,250	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	CHILD CARE, INTERNATIONAL ADOPTION AND TRAINING	56,747	WIRE TRANSFER			
		SOUTH ASIA	CHILD CARE	37,969	WIRE TRANSFER			
		SOUTH ASIA	CHILD CARE	30,170	CASH PAYMENT			
		EAST ASIA AND THE PACIFIC	CHILD CARE	30,000	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	CHILD CARE AND SERVICES TO	25,491	CASH PAYMENT			
		SUB-SAHARAN AFRICA	FAMILIES COMMUNITY DEVELOPMENT/KINDERGARTEN CONSTRUCTION	20,673	WIRE TRANSFER			
		SOUTH ASIA EUROPE	EDUCATION ASSISTANCE INTERNATIONAL		WIRE TRANSFER WIRE TRANSFER			
		(INCLUDING ICELAND & GREENLAND)	ADOPTION					
		SOUTH ASIA	CHILD CARE	·	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC EAST ASIA AND	SERVICES TO FAMILIES TRAINING		CASH PAYMENT WIRE TRANSFER			
		THE PACIFIC SUB-SAHARAN	ADDIS CHILD CARE	6,097	WIRE TRANSFER			
		A FRICA EAST ASIA AND THE PACIFIC	TRAINING AND ADOPTION	5,999	CASH PAYMENT			

DLN: 93493131025281

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. P See separate instructions.

Inspection

Name of the organization			
AOLT INTERNATIONAL	CHILDBENIS	SERVICES	T N

Employer identification number

23-7257390

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Internet and e-mail solicitations
- Phone solicitations
- In-person solicitations

- e Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is

to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
19462 PO WDER HILL PLACE NE POULSBO, WA 98370	FUNDRAISING COUNSEL		Νο	882,302	122,882	759,420
GRAHAM CROW BENEFIT AUCTIONS 14420 SE 61ST STREET BELLEVUE, WA 98006	AUCTIONEER		Νο	242,594	5,595	236,999
MDS TELEMARKETING 545 W JUANITA AVE MESA, AZ 85210	TELEMARKETING SOLICITOR		Νο	55,767	27,839	27,928
Total			٠	1,180,663	156,316	1,024,347

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MS, MT, NE, NH, NV, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV, WI, WY

Pai	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 PORTLAND, OR DINNER/AUCTION (event type)	(b) Event #2 OMAHA, NE DINNER/AUCTION (event type)	(c) O ther Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Ж	1	Gross receipts	167,710	87,339	123,530	378,579
Revenue	2	Less Charitable contributions	93,493	49,070	61,874	204,437
	3	Gross income (line 1 minus line 2)	74,217	38,269	61,656	174,142
	4	Cash prizes	1,300	820	700	2,820
မွ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	19,563	12,597	17,211	49,371
	7	Food and beverages				
Direct	8	Entertainment				
Δ	9	Other direct expenses .	30,131	. 11,426	34,414	75,971
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	128,162
	11	Net income summary Combine li	nes 3 and 10 ın column (d)		45,980
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
ш.	1	Gross revenue				
<u> </u>	2	Cash prizes				
penses	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
ē	5	Other direct expenses				
	6	Volunteer labor	Γ Yes % Γ No	Γ Yes % Γ No	┌ Yes %	
	7	Direct expense summary Add lines	s 2 through 5 in column (d)	🕨	
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🕨	
9 a b	Is t	ter the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in each	n of these states?		· Fyes Fno
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

DLN: 93493131025281

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

HOLT INTERNATIONAL CHILDREN'S SERVICES INC

Internal Revenue Service

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			23-7257390					
Pa	rt I Questions Regarding Compensation	on	<u> </u>					
	-				Yes	Νo		
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions	Г	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees					
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes			
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all		y					
	Compensation committee	<u> </u>	Written employment contract					
	Independent compensation consultant	<u> </u>	Compensation survey or study					
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-contro	ol paymen	it from the organization or a related organization?	4a		Νo		
Ь	articipate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo		
c	Participate in, or receive payment from, an equity-based compensation arrangement?					Νo		
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.					
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any					
а	The organization?			5a		Νo		
b	Any related organization?			5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any					
а	The organization?			6a		Νo		
ь	Any related organization?			6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"			7		No		
8	Were any amounts reported in Form 990, Part VII,							
	subject to the initial contract exception described	, .	•					
	ın Part III			8		Νo		
9	If "Yes" to line 8, did the organization also follow to section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) KIM S BROWN	(I) (II)	149,146 0		0	0 0	l '	159,793 0	
LITTLETON	(I) (II)	132,318 0		0	0 0	l '	162,367 0	
(3)								
(4)					1			
(5)								
(6)								
(7)			1		1			
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)					ļ			
(16)								

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

NonCash Contributions

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

► Attach to Form 990. Name of the organization **Employer identification number**

HOLT INTERNATIONAL CHILDREN'S SERVICES INC 23-7257390 Part I Types of Property (d) (a) (b) (c) Noncash contribution amounts Number of Contributions or items Check if Method of determining oncash contribution applicable contributed reported on Form 990, Part VIII, line Art-Works of art . . . Art-Historical treasures Art—Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles . 7 Boats and planes . . . Intellectual property . . Securities—Publicly traded 13 268,649 MARKET VALUE Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . 15 Real estate—Residential . **16** Real estate—Commercial Real estate—Other . . 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts . . 23 Scientific specimens . . Archeological artifacts . TRAVEL 10,000 Other ► (<u>CRE</u>DIT 25 Χ Other ▶(___ 27 Other ►(___ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Cat No 51227J

Schedule M (Form 990) 2010

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493131025281

Employer identification number

23-7257390

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

HOLT INTERNATIONAL CHILDREN'S SERVICES INC

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

ldentifier	Return Reference	Explanation
FORM 990,		THE FOLLOWING CHANGES WERE MADE TO HOLT INTERNATIONAL'S BY LAWS ARTICLE III, BOARD OF
PART VI,		DIRECTORS, SECTION TWO WAS AMENDED TO INCREASE THE MINIMUM NUMBER OF DIRECTORS TO 17 FROM
SECTION A,		15, AND REDUCED THE MAXIMUM NUMBER OF DIRECTORS TO 21 FROM 25 ARTICLE IV, COUNCIL OF
LINE 4		DIRECTORS EMERITUS, SECTION FOUR IDENTIFIED THE VICE CHAIR OF THE BOARD AS THE PRINCIPAL
		CONTACT FOR MEMBERS OF THE COUNCIL ARTICLE VII, COMMITTEES, SECTION TWO CHANGED THE NAME
		OF THE AUDIT COMMITTEE TO FINANCE COMMITTEE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A PDF COPY OF THE RETURN WILL BE DISTRIBUTED TO THE AUDIT COMMITTEE BY EMAIL AND POSTED TO HOLT'S BOARD INTRANET FOR REVIEW BY THE ENTIRE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	SENIOR STAFF ARE CHARGED WITH ENSURING COMPLIANCE WITH HOLT'S CONFLICT OF INTEREST POLICY THROUGH SUPERVISION OF STAFF AND APPROVAL OF FINANCIAL TRANSACTIONS

ldentifier	Return Reference	Explanation
		THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR HOLT INTERNATIONAL RESEARCHED THE COMPENSATION LEVELS WITHIN OTHER SIMILAR ORGANIZATIONS PRIOR TO APPROVING THE CURRENT COMPENSATION FOR THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THIS WAS CONDUCTED VIA WEBSITE INFORMATION AS WELL AS DIRECT CONTACT WITH THESE OTHER ORGANIZATIONS THE EXECUTIVE COMMITTEE ACTS ON BEHALF OF THE FULL BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH HOLT'S WEBSITE FOR SELECTED DOCUMENTS

Identifier		Return Reference	Explanation					
	CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 681,309					

ldentifier	Return Reference	Explanation
FINANCIAL OVERSIGHT	FORM 990, PART XII, LINE 2C	NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493131025281

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HOLT INTERNATIONAL CHILDREN'S SERVICES INC			Employer iden 23-7257390	tification number			
Part I Identification of Disregarded Entities (Comp	lete ıf the organızatı	on answered "Yes	" on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		ıf the organizatior	n answered "Yes" (on Form 990, Part	: IV, line 34 becau	se it had	lone
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	(g) 512(b)(13 trolled nization
(A) HOLT THEFTHATIONAL FOUNDATION OF CHIMA						Yes	No
(1) HOLT INTERNATIONAL FOUNDATION OF CHINA PO BOX 2880	NO ACTIVITY	OR	F01(C)(2)	ITNIT 11A T			No
EUGENE, OR 97402 93-0476873	NO ACTIVITY	OR	501(C)(3)	LINE 11A, I			No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	<u> </u> 0135Y	<u> </u>	Schedule R (Form 990) 2010

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managıng partner?		(k) Percentage ownership
								Yes	No			Yes	No	
										nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	(f) f total income	Shai end-o	y) re of f-year sets		(h) Percentage ownership
	art IV Identification of Related line 34 because it had one													
					1	l								

(6)

Part V	Transactions With Related Organizations (Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35, 3	55A, or 36.)		
Not e.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During t	he tax year, did the orgranization engage in any of the following transactions with one or more related orga	anızatıons lısted ın Part	s II-IV?			
a Rece	ipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b Gift, 9	grant, or capital contribution to other organization(s)			1b		No
c Gıft, g	grant, or capital contribution from other organization(s)			1 c		No
d Loans	s or loan guarantees to or for other organization(s)			1d		No
e Loans	s or loan guarantees by other organization(s)			1e		No
f Sale	of assets to other organization(s)			1 f		No
g Purch	hase of assets from other organization(s)			1 g		No
h Exch	ange of assets			1h		No
i Lease	of facilities, equipment, or other assets to other organization(s)			1 i		No
j Lease	e of facilities, equipment, or other assets from other organization(s)			1 j		No
k Perfo	rmance of services or membership or fundraising solicitations for other organization(s)			1k		No
I Perfor	rmance of services or membership or fundraising solicitations by other organization(s)			11		No
m Shari	ng of facilities, equipment, mailing lists, or other assets			1m	1	No
n Sharı	ing of paid employees			1n		No
o Reim	bursement paid to other organization for expenses			10		No
p Reim	bursement paid by other organization for expenses			1р		No
q Othe	r transfer of cash or property to other organization(s)			1 q		No
r Other	r transfer of cash or property from other organization(s)			1r		No
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line,	ıncludıng covered relat	ionships and transact	ion thresholds		
	(a)	(b)	(c)	(d) Method of determin	aina ama	nt
	Name of other organization	Transaction type(a-r)	Amount involved	involved		Juni
(1)						
(2)						
-						
(3)						
(4)						
(4)						
(5)						
(3)		1		I		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	N	
										+	
										-	
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010