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OHIOASSO 08/07/2012 12:54 PM

990

Department of the Treasury

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

OMB No 1545-0047
2010
Open to Public

| Inter | nal Revenue Serv | ice ` | | The org | anızation m | nay hav | ve to use | a copy of this ret | um to satisfy | state n | eporting requir | emeni | S | Ins | pection |
|--------------|-----------------------|--------------|-----------------|------------|-----------------|------------------|----------------|-----------------------|---|---------------|--|--|--------------|-------------------|-----------------------|
| A | For the 2010 ca | lendar yea | ır, or tax yea | ar begin | ning | | | , and ending | | | | | | | |
| В | Check of applicable. | C Name | of organizatio | מ מכ | THE OH | O A | SSOCIA | TION OF CE | IILD | | | D | Employ | er identific | ation number |
| | Address change | | | | CARING | | | | | | | | • • | | |
| \equiv | • | Doing | Business As | | | | | | | - | · | 1 | 34-1 | 116820 |)5 |
| \sqcup | Name change | | | (n. D.O.) | have to made to | | 110000000000 | | | | Dage to the | | | | , |
| | Initial return | | er and street (| • | | not de | ivered to st | reet address) | | | Room/sulte | l E | i elephor | ne number | |
| = | | 115 | 1 BETHE | L RC |)AD | | | | | | 104-B | Ь— | | | |
| 닏 | Terminated | City or | town, state of | or country | , and ZIP + | 4 | | | | | | 1 | | | |
| Ш. | Amendad ratum | COL | UMBUS | | | | OH 4 | 13220 | | | | G Gr | oss receip | rits \$ | 464,708 |
| \Box | Application pending | F Name | and address | of princi | pal officer. | | | | - | | | | | |]., (5 2) |
| ш. | Abhrenn beams | | | | | | | | | | H(a) Isthbsa | group ret | um for edi | illates? | Yes X No |
| | | | | | | | | | | | H(b) Are ell | offiliates | include | ±d? | Yes No |
| | | | | | | | | | | Í | | | | t. (see instru | cilons) |
| | | <u> </u> | | | | | | | | | | , | | (| , |
| | Tex-exempl statu | | 501(c)(3) | | (c) (|) = 0 | nsert no.) | 4947(a)(1) c | F 527 | | | | | _ | |
| <u>J</u> | Website: 🕨 W | | | rg | | | | | | | H(c) Group e | exempli | ou uniu | ber 🕨 | |
| K | Form of organization: | X Co | orporation | Trust | Associa | tion | Other > | | | L Ye | er of formation: | | <u>i</u> n | VI State of leg | jal domicite: |
| _P | art I Su | ımmary | <u>/</u> | | | | | | | _ | | | | | |
| | 1 Briefly de | scribe the | omanizati | on's ml | ssion or m | ost sig | nificant ac | tivities | • | | | | | | |
| | | | | | | | | 's foster | childre | n th | rough co | nfai | rende | - · · · · · · · · | |
| 9 | | | | | | | | | | | | | | | |
| <u> </u> | Murc | n it | abousor | s, t | riarinin | rā se | ession | s and by I | Scomorru | d Le | Tevaur T | egi | 3 ia £1 | rou. | |
| E | | | | <i></i> . | | | | | | | | | | | |
| Governance | 2 Check th | ls box | If the o | organiza | ition discor | thnued | its operat | ions or disposed | of more than | 25% c | of its net asset | s | | | |
| 9 | 3 Number of | | _ | | | | | | | | | - 1 | 3 | 13 | |
| οσ // | | | | | | | | | | ••• | • | ··· ⊦ | 4 | 13 | |
| . <u>ĕ</u> | | oi indeper | ident voting | ממושווון | ens or me | govern | ing body (| Part VI, line 1b) | | | | · } | | | |
| :≦ | 5 Total nun | nber of inc | dividuals em | nployed | in calenda | ar year | 2010 (Pa | rt V, line 2a) ., | | | | ├ | 5 | 5 | |
| Activities & | 6 Total nun | nber of vo | olunteers (e | stmate | if necessa | ary) | | | | | | | 6 | | |
| - | 7a Total unn | elated bus | siness rever | nue fror | m Part VIII | , colum | n (C), line | 12 | | | | | 7a | | |
| | b Net unrel | ated busin | ness taxablr | e incom | a from Fo | m 990 | -T. line 34 | 4 | | | | ີ Γ | 7b | | 0 |
| _ | | | 1000 100 | | | | | | | ;; | Prior Ye | ar | | Curr | ent Year |
| | 8 Contribut | ons and | orante /Part | MIL B | ne thì | | | | | | | 9,8 | 81 | | 338,366 |
| 음 | i | | | | | | | | ••• ••• • | \vdash | | 5,2 | | | 119,200 |
| Revenue | 9 Program | | | | | | | | | · - | | | | | |
| ð | 10 Investme | nt income | (Part VIII. | colmuu. | _(A),_lines_ | 3, 4, a | nd 7d) | 司 | | - | 4 | 3,8 | 64 | | 7,142 |
| - | 11 Other rev | renue (Pa | rt VIII, colur | mn (A). | lines 5 60 | .\8¢, 9 | c, 10c, an | d 11e) | | L | | | | | |
| | 12 Total reve | enue – ad | id lines 8 th | rough | 1 (must e | qual Pa | ant VIII, co | lumn (A), line 12) | | | 51 | 9,0 | 33 | | 464,708 |
| | 13 Grants ar | nd similar | amounts of | aid (Pa | rt IX. colun | nn (A). | lines 1-3 | o l | | | | | | | |
| | 14 Benefits | naid to or | for marghe | re (Pári | IX. colum | A (AV | 12, 10 |) · ···· | | · | | | | | |
| | 45 0-1-1 | paid to or | | is (i sili | ·fix@cownt | . (D. 4 | n .ic | 6 late 12 12 | | ⊢ | 22 | Λ E | 26 | | 204 040 |
| S | 15 Salaries, | otner con | ipensation, | embio | /ee benetit | ѕ (Рал | IX, COLUM | (A), lines 5-10 | " | | | 0,5 | 20 | | 294,049 |
| Expenses | 16a Professio | | | | | | | - <u> </u> | | . L | | | | | |
| <u>.</u> | b Total fund | draising e | xpenses (Pa | art∬lX)(d | columb (Đ) | Nine 2 | 5) 🕨 | | , 658 | . L. | | | | | |
| வ | 17 Other exp | enses (P | art IX, icolu | ma-(A) | -lines-11a | -110-4 | HF-24f) | | | . Г | 27 | 3,5 | 64 | | 245,759 |
| | 18 Total exp | enses Ar | id lines 13_ | -17 (mu | ist enual P. | ant IX | column (A | .), line 25) | | | | 4,0 | | | 539,808 |
| | 19 Revenue | | | | | | | | • | · - | | 5,0 | | | -75,100 |
| `5∦ | 19 Kevenue | iess expe | mises Subu | I MCL UNE | 16 ITOIN I | ine iz | ••••• | | ••• | | | | | | |
| 황토 | | oto (D-4 1 | V les 400 | | | | | | | 一 | Beginning of Cu | 5,5 | | | of Year 142,910 |
| Sale | 20 Total ass | | | | | | . | | | ļ- | | | | | |
| 늏 | 21 Total liab | • | | | | | | | | ∟ | | 2,8 | | | 75,376 |
| 乙己 | 22 Net asset | ts or fund | balances. S | Subtrac | t line 21 fro | om line | 20 | | | | 14 | <u>2,6</u> | <u> 36 </u> | | 67,534 |
| P | art II Si | gnature | Block Block | | | | | | | | | | | | |
| Ur | ider penaltes of p | enury. I de | dare that I ha | eve exan | nined this re | tum, inc | ludine acco | mpanying schedule | s and statemen | te and | to the hest of m | v knowi | edne er | ad hellef II is | |
| | | | | | | | | all Information of wh | | | | , | ougo an | | ' |
| _ | | 11-6 | 11101 | n / 2 | hom | 10 | /\t | | · | <u> </u> | | | | | |
| • | | | alla, | 1 | HIII | XX | <u> </u> | | | | | ــــــــــــــــــــــــــــــــــــــ | | | |
| Sig | n [s | Signature of | officer | a 1 - | 44- | 21 | a 🔿 | | | | | | Date | 11- | |
| Her | re L | IK | HCK | Y | 1/1 | X | | | | | | 0/ | 17 | /12_ | |
| | | ype or prin | it name and ti | ille | | | | - | | | | 7 | | | |
| | Pros/Tyr | oe preparer | 's name | | | | Prepares | stanature | 1 | | Date | | Check | if PTIN | |
| Paid | . | | | | | l, | 7.77 | O 1 17914 | 1 × 1 | | - 1 | - 1 | | ш,; | |
| | 200 | ron Cott | | | | <u> </u> | <u> </u> | COUVE | | | - | | self-empl | toked 500 | 0062806 |
| • | parer Firm's n | ame 🕨 | | | an-Wi | | | ls, Inc. | | | | Firm's I | EIN 🕨 | | |
| Use | Only | | | | gh Sti | | : | - | | | | | | | |
| | Firm's a | ddress > | Wor | thin | gton, | OF | 430 | 085 | | |], | Phone | no. | 614-7 | 81-6174 |
| Mav | the IRS discus | | | | | | | | | - | | . 1.0110 | | | 1 |
| | Paperwork Re | | | | | | <u> </u> | | •••• | | | • • • • • | ···· | | Yes No |
| DAA | | aucuon A | TOURSE, | ១៩៩ ហ | e seharan | e ពង់ ប្រ | uccorns, | | | | | | | Fo | orm 990 (2010) |



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| orm 990 (2010) THE OHIO ASSOC | ATION OF CHILD | 34-1168205 | Page_ |
|--|---|---|------------------|
| | ervice Accomplishments | | |
| | tains a response to any quest | ion in this Part III | |
| Briefly describe the organization's mission | skaa Saa Obiala Sa | | 1 |
| The organization advoc | | | |
| which it sponsors, tra | ining sessions and | by promoting releva | int legislation. |
| | | | |
| 2 Did the organization undertake any significa | on program services during the year w | hich were not listed on the | |
| pnor Form 990 or 990-EZ? | int program services during the year w | mon word not noted on the | Yes X N |
| If "Yes," describe these new services on So | chedule O | | |
| Did the organization cease conducting, or n | | ducts, any program | |
| services? | | | Yes X N |
| If "Yes," describe these changes on Schedu | ıle O | | <u> </u> |
| Describe the exempt purpose achievements | | argest program services by expenses. Se | ction |
| 501(c)(3) and 501(c)(4) organizations and s | · | | |
| others, the total expenses, and revenue, if | * | · · | |
| • | | | |
| a (Code) (Expenses \$ | 237,101 including grants of | \$) (Reveni | ue \$ 303,047 |
| Advocacy programs for | | | |
| | | • | |
| 4 | | | |
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| | | | |
| (Code) (Expenses \$ | 84,210 including grants of | | |
| Conferences and progra | ms to present state | e, local and federal | policy updates |
| and training | | | |
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| | | | |
| (Code) (Expenses \$ | 74,001 including grants of | \$) (Reven | ue \$ 35,319 |
| The Outcome Data Proje | | | |
| program performance and | | | |
| inancial decisions | a assist in one bro | ocess of making cilin | icai and |
| Inancial decisions | | | |
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| | <u>.</u> | | |
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| | | | |
| Other program services (Describe in Schei | dule O) | | |
| (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| e Total program service expenses | 395,312 | | <u> </u> |
| | | | |

Part IV Checklist of Required Schedules

| | | | _Yes_ | No |
|----------|---|---|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | | x |
| 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 | 1 | X |
| 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 | x | |
| 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 | | X |
| 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- | | | |
| | endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 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, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | 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 | | X |
| ď | , | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | 77 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | <u> </u> |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 7.7 |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII | 12a | X | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | v |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Λ |
| U | 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 140 | | 21 |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | <u>., </u> | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | -,- | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | ., | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 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 | | x |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some | - | | |
| | Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |
| | | | | |

| | art iv Checklist of Required Schedules (Continued) | | | | | |
|-----|---|-----|----------|------|-----|-------|
| | | | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | ,, | | x |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | F | 21 | | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | | | 22 | | x |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | - | 22 | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | l | Į | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | 23 | - | X |
| 240 | employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | <u> </u> | | | |
| 24a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | | | |
| | | | | 24a | | X |
| | through 24d and complete Schedule K. If "No," go to line 25. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | | 24b | | |
| b | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | T | | | |
| С | · | | | 24c | | |
| | to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | 24d | | |
| 250 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | T | 2.70 | 1 | |
| 25a | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | | 25a | l | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | <u> </u> | | | |
| b | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | I | | |
| | If "Yes," complete Schedule L, Part I | | | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | 1 | | | |
| 20 | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | | | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | Ī | | | |
| | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | | | |
| | If "Yes," complete Schedule L, Part III | | | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | ĺ | ł | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | Γ | | | |
| | Schedule L, Part IV | | | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | | | |
| | conservation contributions? If "Yes," complete Schedule M | | Ĺ | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | | | |
| | Part I | | _ | 31 | | X |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | | | |
| | sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I | | <u> </u> | 33 | | X |
| 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 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | - | 35 | | X |
| 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, | | I | | | |
| | Part V, line 2 | Yes | X No | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable | | | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | | | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | | | x |
| | Part VI | | - | 37 | | ^ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | 20 | х | |
| _ | 19? Note. All Form 990 filers are required to complete Schedule O | | | 38 | 990 | (2011 |
| | | | | | | |

| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part | t V | | | | П |
|----------|---|-------------|--------------|------------|--|--------------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 8 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b_ | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | 1 |
| | reportable gaming (gambling) winnings to prize winners? | | | 1 <u>c</u> | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | - 1 | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 5 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | ıms? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | ns) | | | 1 | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | _3a | ↓ | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | <u> </u> | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | authority | | | 1 | |
| | over, a financial account in a foreign country (such as a bank account, secunties account, or other fi | inancial | | | | l |
| | account)? | | | <u>4a</u> | — | X |
| b | | | | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financia | al Accounts | 3 | İ | 1 | ., |
| 5a | | | | 5a | ┼ | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | action? | | 5b | +- | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | + | |
| 6a | | the | | | 1 | . |
| | organization solicit any contributions that were not tax deductible? | | | <u>6a</u> | + | X |
| b | , , , , , , , , , , , , , , , , , , , | ons or | | | | |
| _ | gifts were not tax deductible? | | | <u>6b</u> | +- | ├ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | anada | | ļ | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for | goods | | 7a | | x |
| | and services provided to the payor? | | | 7a 7b | +- | 1 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | vas | | 1,5 | + | |
| С | required to file Form 8282? | •445 | | 7c | | x |
| d | | 7d | 1 | | 1 | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | | | 7e | | X |
| f | | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fe | | as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz | | | 7h | | |
| 8 | 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 sponsonn | g | | İ | | |
| | organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | $oldsymbol{ol}}}}}}}}}}}}}}}}}}$ | |
| 10 | Section 501(c)(7) organizations. Enter | | • | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| þ | Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub facilities | 10b | • [| | | |
| 11 | Section 501(c)(12) organizations Enter | | 1 | | | |
| а | Gross income from members or shareholders | 11a | <u> </u> | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | |
| | against amounts due or received from them) | 11b | <u> </u> | | | |
| 12a | | | ı | 12a | ' — | + |
| b | | 12b | <u> </u> | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers | | | <u> </u> | + | + |
| а | · | | | 13a | + | + |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | ĵ | | |
| b | · · · · · · · · · · · · · · · · · · · | 13b | . [| [| | |
| _ | the organization is licensed to issue qualified health plans | 130 | | | | |
| C 142 | | _130 | | 148 | , | x |
| 14a h | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu | ıle O | | 141 | | + |
| U | in 100, has it like a roth 720 to report these payments, in 140, provide an explanation in ocheco | | | | - 1 | 1 |

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,

50 WEST BORAD STREET

OH 43215

State the name, physical address, and telephone number of the person who possesses the books and records of the

614-461-0014 Form 990 (2010)

COLUMBUS

19

and financial statements available to the public

organization > CHRIS KELLEY

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

Check if Schedule O contains a response to any question in this Part VII

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 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

| (A) Name and Title | Posi | tion (| | C) call t | hat ap | olv) I | (D) Reportable | (E) Reportable | (F) Estimated | |
|----------------------|---|--------------------------------|----------|--------------|--------|------------------------------|-------------------|--|--|--|
| . Tune and the | Average hours per week (describe hours for related organizations in Schedule O) | Individual trustee or director | | Officer | | Highest compensated employee | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| (1) Harry Blackmon | | | | | | | | | | |
| Director | 2.00 | X | <u> </u> | | | | | 0 | 0 | 0 |
| (2) George Purgert | | | | | | | | | | _ |
| Director | 1.00 | X | | | | \sqcup | | 0 | 0 | 0 |
| (3) Shawn Holt | | l ' | | | | | | | | |
| Director | 1.00 | X | <u> </u> | | _ | <u> </u> | | 0 | 0 | 0 |
| (4) Debbie Rex | | | | | | 1 | | _ | _ | _ |
| Director | 1.00 | X | <u> </u> | | | \sqcup | | 0 | 0 | 0 |
| (5) Gary Porter | | 1 | | | | | | | | |
| Director | 1.00 | X | <u> </u> | | | \sqcup | | 0 | 0 | 0 |
| (6) Cynthia Deal | | | İ | ĺ | | 1 1 | | | | |
| Past President | 2.00 | X | <u> </u> | X | | \sqcup | | 0 | 0 | 0 |
| (7) Tracey Izzard | | | | | | 1 | | | | |
| Director | 1.00 | X | | | | Ш | | 0 | 0 | 0 |
| (8) Michael J Mullin | | i | | | ĺ | 1 1 | | | | |
| Director | 1.00 | X | <u></u> | _ | | \sqcup | | 0 | 0 | 0 |
| (9) Jeffrey R Greene | | | | ļ | 1 | 1 | | | | |
| Director | 1.00 | X | L. | | | | | 0 | 0 | 0 |
| (10) John Stoia | | | | | | | | | | |
| President | 1.00 | 1 | | X | | | | 0 | 0 | _ 0 |
| (11) Cindy Skinner | | Г | | | | | | | | |
| Secretary | 1.00 | | | X | 1 | 1 1 | | 0 | 0 | 0 |
| (12) Chris Wolf | | | | | | | | | | |
| Treasurer | 2.00 | | | X | | | | 0 | 0 | 0 |
| (13) Donald Warner | | | | | | | | | | |
| President Elect | 2.00 | 1 | | X | ſ | 1 1 | | 0 | 0 | 0 |
| (14) | | | | | | | | | | |
| (15) | | - | | | | | | | | |
| (16) | | + | <u> </u> | | | | | | | |

| | (A) Name and Title | (B) Average hours per | ⊢ | | chec | , . | hat ap | | (D) Reportable compensation | (E) Reportable compensation from | | (F) Estimate amount | | |
|------|---|---|--------------------------------|-----------------------|----------------|--------------|------------------------------|-------------|--|---|----------|---|-----------------------|----------|
| | | week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Irustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizatrons (W-2/1099-MISC) | | other ompensar from the organization and relation | tron e on ed | |
| (17) | | | | | | _ | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | _ | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | <u> </u> | | - | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| (26) | | | | | | | | | | | | | | |
| (27) | | | | | | | | | | | | | | |
| (28) | | - | | | | | | | | | | | | |
| | Sub-total | | | | | | | | | | | | | |
| С | Total from continuation sheet Total (add lines 1b and 1c) | ts to Part VII, Se | ctio | n A | | | | > | | | | | | |
| 2 | Total number of individuals (inc | | | _ | ose | listed | abo | ve) v | who received more than \$1 | 00,000 in | | | | |
| | reportable compensation from t | the organization I | | 0 | | | | | | | | \ | /es | No |
| 3 | Did the organization list any for employee on line 1a? If "Yes," | mer officer, direc complete Schedu | tor c | r tru: for si | stee, uch i | key ndıvı | emp dual | loye | e, or highest compensated | | | 3 | | x |
| 4 | For any individual listed on line organization and related organiz | | | | | | | | | n the | İ | | | |
| 5 | individual Did any person listed on line 1a | a receive or accn | ue co | mpe | nsat | ion fi | om a | any (| unrelated organization or inc | dıvıdual | ŀ | 4 | + | <u> </u> |
| Sec | for services rendered to the organization B. Independent Contractor | | s," co | omple | ete S | Sche | dule . | J for | such person | | | 5 | | <u>x</u> |
| 1 | Complete this table for your five compensation from the organiz | e highest comper | sate | d inc | lepe | nden | t con | trac | tors that received more than | \$100,000 of | | | | |
| | Name and | (A) business address | | | | | | | Descript | (B) on of services | | Comp | (C) ensation | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | - | | - | | | | | , | | | | | |
| 2 | Total number of independent co | • | - | | | | | ose | listed above) who | | | | | |
| DAA | received more than \$100,000 in | compensation f | om ' | uie C | ngar | ıı∠atı | JII 🚩 | | | 0 | | Form \$ | 990 (| 2010) |

| Par | rt V | III Statement of Reve | nue | | | | | | |
|--|------|--|-----------|-------------|--|----------------------|--|---|---|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| sts | 1a | Federated campaigns | 1a | | | · - · [| | | |
| gra | b | Membership dues | 1b | | 303,047 | | | | |
| am am | C | Fundraising events | 1c | | | | | | |
| ar Bar | d | Related organizations | 1d | | | | | | ļ |
| S.E | е | Government grants (contributions) | 1e | | | | | | |
| Program Service Revenue Contributions, gifts, grants and other similar amounts | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | 35,319 | | | | |
| Contr | _ | Noncash contributions included in lines 1a- Total. Add lines 1a-1f | 1f : | \$ | | 338,366 | | | |
| 9 | | Total. Add lines 18-11 | | | Busn Code | 330,300 | | | |
| eun | 2a | RESEARCH AND TRAININ | ac. | | Busii Code | 100,323 | 100,323 | | |
| <u>&</u> | b | TRAINING - ADVOCACY | | | | 13,902 | 13,902 | | |
| 8 | c | TRAINING - ADVOCACT | EAETAI | • | | 4,975 | 4,975 | | |
| Ę. | d | IMINING | | | - | 4,913 | 4,913 | · · · · · · · · · · · · · · · · · · · | |
| ္မ | | | | | | · | | | - |
| gra | e | All other program service rever | 1110 | | | | | | |
| § | | Total. Add lines 2a–2f | iu¢ | | | 119,200 | | | |
| \dashv | | Investment income (including d | | | | 119,200 | | | 7 |
| | 3 | · · · · | iividerid | is, interes | PI, | 7,142 | | | 7 142 |
| | 4 | and other similar amounts) | | | | 7,142 | | | 7,142 |
| | 4 | Income from investment of tax- | exemp | i bona pr | oceeds 🕨 | | | | |
| | 5 | Royalties | | /n\ 1 | Domonal | | | | - |
| | ٥- | (i) Real | | (11) | Personal | | | | |
| 1 | | Gross Rents | | | | | | | |
| | | Less rental exps | | | | | | | |
| | | Rental inc or (loss) | | | | | | | |
| i | | Net rental income or (loss) Gross amount from (1) Securities | | | D | | | | |
| | | sales of assets (i) Securities | ···- | (11) | Other | | | | |
| | | other than inventory | | | | | | | |
| | þ | Less cost or other | | | | | | | |
| | | basis & sales exps | | | | | | | |
| l | | Gain or (loss) | | | | | | | |
| 1 | | Net gain or (loss) | | | | | | | ļ |
| o l | 8a | Gross income from fundraising ever | nts | | | | | | |
| Revenue | | (not including \$ | | | | | | | |
| Š | | of contributions reported on line 1c) | | | | | | | |
| | | See Part IV, line 18 | a | | | | | | |
| Other | b | Less direct expenses | b | | | | | | |
| ٦ | С | Net income or (loss) from fundi | raising | events | • | | | | |
| | 9а | Gross income from gaming activities | s | | ļ | | | | |
| | | See Part IV, line 19 | a | | | | | | |
| | b | Less direct expenses | ь | | | | | | |
| | С | Net income or (loss) from game | ng acti | vities | • | | | | |
| | 10a | Gross sales of inventory, less | | | 1 | | | | |
| | | returns and allowances | a | | | | | | |
| | b | Less cost of goods sold | ь | | | | | | |
| | с | Net income or (loss) from sales | of inve | entory | • | | | | |
| | | Miscellaneous Revenue | | | Busn. Code | | | | |
| Γ. | 11a | - | | | | | | | |
| | b | | | | | | | | |
| | С | | | | | | | | |
| | | All other revenue | | | | _ | | _ | |
| - 1 | | Total. Add lines 11a-11d | | | • | | | <u>-</u> | |
| | c | | | | | | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| | All other organizations must | complete column (A) but ar | | | |
|----------|--|----------------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | • |
| | trustees, and key employees | 86,741 | 55,775 | 12,923 | 18,043 |
| 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 salanes and wages | 158,948 | 102,204 | 23,683 | 33,061 |
| 8 | Pension plan contributions (include section 401(k) | | | , , , , , , | · · |
| | and section 403(b) employer contributions) | 1,572 | 1,010 | 235 | 327 |
| 9 | Other employee benefits | 27,095 | 17,422 | 4,037 | 5,636 |
| 10 | Payroll taxes | 19,693 | 12,662 | 2,935 | 4,096 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 8,784 | | 8,784 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 1,050 | _ | 1,050 | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | - | |
| 13 | Office expenses | - | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | 42,193 | 27,130 | 6 207 | 0 776 |
| 16 | Occupancy | 1,165 | 749 | 6,287 174 | 8,776 242 |
| 17 18 | Travel Payments of travel or entertainment expenses | 1,105 | 143 | 1/4 | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 316 | | 316 | |
| 20 | Interest | 310 | | 310 | - |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 6,061 | 3,897 | 903 | 1,261 |
| 23 | Insurance | , | , | | |
| 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 | Outcome Project Managemen | 74,001 | 74,001 | | |
| b | Contract Expenses | 68,582 | 68,582 | | |
| С | Training - Advocacy Event | 10,544 | 10,544 | | |
| d | Telephone | 7,717 | 4,962 | 1,150 | 1,605 |
| е | Training - First Fridays | 5,084 | 5,084 | | |
| f | All other expenses | 20,262 | 11,290 | 5,361 | 3,611 |
| 25 | Total functional expenses. Add lines 1 through 24f | 539,808 | 395,312 | 67,838 | 76,658 |
| 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 | | | | |
| DAA | | | | | Form 990 (2010) |

| _ | m 990 art) | (Balance Sheet | CHILD | | -1168205 | | Page 11 |
|--------------------|--|---|---------------|----------|--------------------------|-----|--------------------|
| · | <u>u , , , , , , , , , , , , , , , , , ,</u> | C Data 193 G 1931 | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest bearing | | | 22,416 | 1 | 43,867 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | Ī | | 3 | |
| | 4 | Accounts receivable, net | | İ | 21,128 | 4 | 14,114 |
| | 5 | Receivables from current and former officers, directors, tru | Istoes kev | 1 | | _ | |
| | ľ | employees, and highest compensated employees Complet | - | | | | |
| | | Schedule L | E Tall II OI | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined un | der section | ·· · } | | | |
| | ľ | 4958(f)(1)), persons described in section 4958(c)(3)(B), an | | | | | |
| | | | - | 1 | | | |
| | | employers and sponsoring organizations of section 501(c)(| (9) Voluntary | | | ا م | |
| Ŋ | _ | employees' beneficiary organizations (see instructions) | - • | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| As | 8 | Inventories for sale or use | | | 1 000 | 8 | 415 |
| - | 9 | Prepaid expenses and deferred charges | r i | | 1,000 | 9 | 413 |
| | 10a | Land, buildings, and equipment cost or | | E0 161 | | | |
| | | other basis Complete Part VI of Schedule D | 10a | 50,161 | 17 007 | | 11 006 |
| | | Less accumulated depreciation | 10b | 38,325 | 17,897 | 10c | 11,836 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | - | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | <u> </u> | | 13 | |
| | 14 | Intangible assets | | <u> </u> | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | Ļ | 143,086 | 15 | 72,678 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 205,527 | 16 | 142,910 |
| | 17 | Accounts payable and accrued expenses | | | 52,845 | 17 | 31,991 |
| | 18 | Grants payable | | _ | | 18 | |
| | 19 | Deferred revenue | | | 10,046 | 19 | 43,385 |
| | 20 | Tax-exempt bond liabilities | | _ | | 20 | <u> </u> |
| S | 21 | Escrow or custodial account liability Complete Part IV of S | ichedule D | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, | , key | | | | |
| Ē | | employees, highest compensated employees, and disquali | fied persons | | | | |
| Ľ | | Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third p | arties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parti | ies | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | [| | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | ſ | 62,891 | 26 | 75,376 |
| es | | Organizations that follow SFAS 117, check here ▶ X | and complete | | | | |
| Se | | lines 27 through 29, and lines 33 and 34. | • | | | | |
| <u>a</u> | 27 | Unrestricted net assets | | | 142,636 | 27 | 67,534 |
| Balance | 28 | Temporarily restricted net assets | | | | 28 | |
| Þ | 29 | Permanently restricted net assets | | | | 29 | |
| جَ | | Organizations that do not follow SFAS 117, check here | e ▶ 🗍 and | Ī | | | |
| Ī | | complete lines 30 through 34. | | | | | |
| 0 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| ie t | 31 | Paid-in or capital surplus, or land, building, or equipment fit | | ŀ | | 31 | |
| 155 | 32 | Retained earnings, endowment, accumulated income, or o | | ŀ | | 32 | - |
| Net Assets or Fund | 33 | Total net assets or fund balances | | ř | 142,636 | 33 | 67,534 |
| Š | 34 | Total liabilities and net assets/fund balances | | ŀ | 205,527 | 34 | 142,910 |

| Fom | 990 (2010) THE OHIO ASSOCIATION OF CHILD 34-1168205 | | | Paç | ge 12 | | | | |
|-----|---|---|------|--------------|--------------|--|--|--|--|
| Pa | art XI Reconciliation of Net Assets | | _ | | | | | | |
| _ | Check of Schedule O contains a response to any question in this Part XI | | | | Л | | | | |
| | | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 54,7 | | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 39,8 75,1 | | | | | |
| 3 | 3 Revenue less expenses Subtract line 2 from line 1 | | | | | | | | |
| 4 | 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 | | | | | | | | |
| 5 | 5 Other changes in net assets or fund balances (explain in Schedule O) 5 | | | | | | | | |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, | 1 | | | | | | | |
| | column (B)) | 6 | | 67,5 | <u> 534</u> | | | | |
| Pa | rt XII Financial Statements and Reporting | | | | _ | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | \bot | | | | |
| | | | | Yes | No | | | | |
| 1 | Accounting method used to prepare the Form 990 | | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | 1 1 | | | | | | |
| | Schedule O | | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u> </u> | | | | |
| þ | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | | | | |
| | Schedule O | | | ł | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | 1 1 | | İ | | | | |
| | issued on a separate basis, consolidated basis, or both | | | | İ | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | İ | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | İ | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a_ | | <u>X</u> | | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | ı | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | | |
| | | | Form | 990 | (2010) | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

2010

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE OHIO ASSOCIATION OF CHILD

CARING AGENCIES 34-1168205

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 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 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)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III-Other a Type i b Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of (described on lines 1-9 in col (i) listed in your anization in col organization support col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes No Yes Νo Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

OHIOASSO 08/07/2012 12 54 PM THE OHIO ASSOCIATION OF CHILD 34-1168205 Schedule A (Form 990 or 990-EZ) 2010 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more. check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2010 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2010

organization

instructions

supported organization

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule f

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)

| _ | ii the organization lane to | quality diluct t | ne tests listed | below, picase | complete r art | <u>и / </u> | |
|-------|--|--------------------------|-----------------------|-----------------------|---------------------|-------------|-------------|
| | tion A. Public Support | | | *** | | | |
| Cale | ndar 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 include any "unusual grants") | 372,501 | 372,975 | 354,781 | 409,881 | 338,366 | 1,848,504 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 49,625 | 176,202 | 328,040 | 65,288 | 119,200 | 738,355 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total Add lines 1 through 5 | 422,126 | 549,177 | 682,821 | 475,169 | 457,566 | 2,586,859 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 2,586,859 |
| Sec | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 | Amounts from line 6 | 422,126 | 549,177 | 682,821 | 475,169 | 457,566 | 2,586,859 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | 12,159 | 43,864 | 7,142 | 63,165 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | 10,001 | .,,2.2 | |
| С | Add lines 10a and 10b | | | 12,159 | 43,864 | 7,142 | 63,165 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | 0 | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | i | | T | | | |
| | and 12) | 422,126 | 549,177 | 694,980 | 519,033 | 464,708 | 2,650,024 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | | econd, third, fourth, | or fifth tax year as | a section 501(c)(3) |) | ▶ □ |
| Sec | tion C. Computation of Public Su | pport Percenta | ıge | | | | |
| 15 | Public support percentage for 2010 (line 8, | column (f) divided by | / line 13, column (f |)) | | 15 | 97 62 % |
| 16 | Public support percentage from 2009 Sched | dule A, Part III, line 1 | 15 | | | 16 | 95.80 % |
| Sec | tion D. Computation of Investme | nt Income Perc | entage | | | | |
| 17 | Investment income percentage for 2010 (lin | ie 10c, column (f) div | vided by line 13, co | lumn (f)) | | 17 | 2 % |
| 18 | Investment income percentage from 2009 5 | Schedule A, Part III, | line 17 | | | 18 | 2 % |
| 19a | 33 1/3% support tests—2010. If the organ | zation did not check | the box on line 14 | , and line 15 is more | e than 33 1/3%, an | d line | |
| ь | 17 is not more than 33 1/3%, check this box 33 1/3% support tests—2009. If the organ | · | - , | • - | | | ▶ X |
| | line 18 is not more than 33 1/3%, check this | | | | | | ▶□ |
| 20 | Private foundation If the organization did | | - | • | | | ► H |

THE OHIO ASSOCIATION OF CHILD

34-1168205

Page 4

Schedule A (Form 990 or 990-EZ) 2010

Part IV Supplemental Infor Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 **2010**

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

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of organization THE OHIO ASSOCIATION CARING AGENCIES | OF CHILD | | Employer identification 34-116820 | |
|---|--------------------------------------|------------------------|-----------------------------------|--|
| Part I-A Complete if the organization is exer | mpt under section 501(c) | or is a section | n 527 organizatio | n. |
| 1 Provide a description of the organization's direct and indire | ect political campaign activities in | Part IV | | |
| 2 Political expenditures | | | ▶ \$ _ | |
| 3 Volunteer hours | | | _ · | |
| Part I-B Complete if the organization is exer | mpt under section 501(c |)(3). | | |
| 1 Enter the amount of any excise tax incurred by the organiz | ation under section 4955 | | ▶ \$ _ | |
| 2 Enter the amount of any excise tax incurred by organizatio | n managers under section 4955 | | ▶ \$ _ | |
| 3 If the organization incurred a section 4955 tax, did it file Fo | rm 4720 for this year? | | | Yes No |
| 4a Was a correction made? | | | | Yes No |
| b If "Yes," describe in Part IV | | | | |
| Part I-C Complete if the organization is exer | | · | on 501(c)(3). | |
| Enter the amount directly expended by the filing organization | on for section 527 exempt function | n | | |
| activities | | | ▶ \$ | _ |
| 2 Enter the amount of the filing organization's funds contribute | ted to other organizations for sec | tion | . . | |
| 527 exempt function activities | | | ▶ \$ _ | _ |
| 3 Total exempt function expenditures Add lines 1 and 2 Ent line 17b | ter here and on Form 1120-POL, | | . . | |
| 4 Did the filing organization file Form 1120-POL for this year | ^ | | - 5 | |
| 5 Enter the names, addresses and employer identification nu | | itioal arganizations t | a which the files | ∐ Yes ∐ No |
| organization made payments For each organization listed, | | | | |
| the amount of political contributions received that were pro | · · | | | |
| as a separate segregated fund or a political action committ | • • | | • | |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| (4) | (3,113333 | (-, | filing organization's | contributions received and |
| | | | funds If none, enter -0- | promptly and directly |
| | | | | delivered to a separate political organization If |
| | | | | none, enter -0- |
| (1) | | | | |
| | | | | |
| (2) | | | | |
| (3) | | | | |
| | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | - | - | <u> </u> | |
| For Privacy Act and Paperwork Reduction Act Notice, see th | le Instructions for Form 990 or | 990-EZ. | Schedule C (Form | n 990 or 990-EZ) 2010 |

| Sch | edule C (Form 990 or 990-EZ) 2010 THI | E OHIO ASSO | CIATION OF | CHILD | 3 | 4-11682 | 05 Page 2 |
|-----|---|---------------------------|-----------------------------|---------------|----------------------|----------------|-----------------------------|
| | rt II-A Complete if the organi | zation is exempt | under section 5 | 01(c)(3) and | filed Form | n 5768 (ele | ction under |
| | section 501(h)). | | | | | · | |
| Α | Check ▶ ☐ If the filing organizat | tion belongs to a | n affiliated group. | | | | |
| В | Check ▶ ☐ If the filing organizat | | | ntrol" provis | sions apply | | |
| | Limits on Lo (The term "expenditures" | bbying Expendit | | | (a) F organizatio | - | (b) Affiliated group totals |
| | Total lobbying expenditures to influence pu | | | | | | |
| | Total lobbying expenditures to influence a | , | • • | | | | |
| | : Total lobbying expenditures (add lines 1a a | | , 0, | | | | |
| | Other exempt purpose expenditures | , | •• | | | | |
| e | Total exempt purpose expenditures (add lin | nes 1c and 1d) | | | | | · <u></u> |
| 1 | Lobbying nontaxable amount Enter the am | · | g table in both | | | i i | |
| | columns | | | | | | |
| | if the amount on line 1e, column (a) or (b) is: | The lobbying nonta | xable amount is: | | | | . = |
| | Not over \$500,000 | 20% of the amount or | n line 1e | | į | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of | f the excess over \$500,000 | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of | f the excess over \$1,000,0 | 00 | ŀ | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of | the excess over \$1,500,00 |) | | | |
| | Over \$17,000,000 | \$1,000,000 | | | | | |
| g | Grassroots nontaxable amount (enter 25% | of line 1f) | | | | | |
| h | Subtract line 1g from line 1a If zero or less | , enter -0- | | | | | |
| ı | Subtract line 1f from line 1c If zero or less, | enter -0- | | | | | |
| j | If there is an amount other than zero on eit | her line 1h or line 1i, c | did the organization file | Form 4720 | | | |
| | reporting section 4911 tax for this year? | | | | | | Yes No |
| | | A-Voor Averagin | ng Period Under | Section FO | 1/h) | | |
| | (Some organizations tha | | | | | lete all of ti | ne five |
| | | | tructions for lines | | • | | ic live |
| | | | | | | ye 4., | |
| | Lob | <u>bying Expenditu</u> | res During 4-Yea | r Averaging | g Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 200 | 9 | (d) 2010 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | |
| c | Total lobbying expenditures | | | | | | |
| d | Grassroots nontaxable amount | | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| 1 | Grassroots lobbying expenditures | | | | | | |

| | t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT | filed | | | F | age 3 |
|-----|--|----------|----------|-------|-----------|----------|
| | (election under section 501(h)). | 7 (| a) | (1 | o) | |
| | | Yes | No | Am | ount | |
| 1 | Dunng 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 | | ĺ | | | |
| а | Volunteers? | | X | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | | | |
| С | Media advertisements? | | X | | | |
| d | Mailings to members, legislators, or the public? | | X | | | |
| е | Publications, or published or broadcast statements? | <u> </u> | X | | | |
| f | Grants to other organizations for lobbying purposes? | | X | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | | <u>8,</u> | 740 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | ļ | X | | | |
| i | Other activities? If "Yes," describe in Part IV | | X | | | |
| j | Total Add lines 1c through 1i | | | | 8, | 740 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| С | 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? | | <u> </u> | | | |
| Pa | t III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6). | c)(5), | or se | ction | | , |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | <u> </u> | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | ↓ | <u> </u> |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | | | 3 | | |
| Pai | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes." | | | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | | 2a | | | |
| b | Carryover from last year | | 2b | | | |
| С | Total | | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | | | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | 1 | | | |
| | | | 1 | 1 | | |

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

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 1i Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2010 THE OHIO ASSOCIATION OF CHILD

34-1168205

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public ▶ Attach to Form 990. ▶ See separate instructions. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OMB No 1545-0047

| | HE OHIO ASSOCIATION OF CHILD ARING AGENCIES | | 34-11 | .68205 |
|-----------|--|--|------------|------------------------------------|
| | rt I Organizations Maintaining Donor Advised Fun | ds or Other Similar Funds or A | | |
| га | organization answered "Yes" to Form 990, Part | | ooouns. | . Complete ii tile |
| | organization answered Tes to Form 500, Fait | (a) Donor advised funds | (b) | Funds and other accounts |
| | The state of the s | (a) Bonor Banaca rando | (-) | |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the | | | □ v ₂₂ □ v ₂ |
| | funds are the organization's property, subject to the organization's exclus | _ | | ∐ Yes ∐ No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in wi | | | |
| | only for chantable purposes and not for the benefit of the donor or donor | advisor, or for any other purpose | | П., П., |
| | conferring impermissible private benefit? | | 000 D | Yes No |
| <u>Pa</u> | rt II Conservation Easements. Complete if the orga | inization answered "Yes" to Form | 990, Pa | iπ IV, line / |
| 1 | Purpose(s) of conservation easements held by the organization (check al | | | |
| | Preservation of land for public use (e.g., recreation or education) | Preservation of an historically imp | | area |
| | Protection of natural habitat | Preservation of a certified historic | structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conserva- | ation contribution in the form of a conserva- | tion | |
| | easement on the last day of the tax year | | | |
| | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | <u> </u> |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified historic structure include | led in (a) | _2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | , and not on a | | |
| | historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, released, extin | guished, or terminated by the organization | during the | |
| | tax year ▶ | | | |
| 4 | Number of states where property subject to conservation easement is loc | cated > | | |
| 5 | Does the organization have a written policy regarding the periodic monitor | | | |
| | violations, and enforcement of the conservation easements it holds? | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing | ng conservation easements during the year | | |
| - | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing co | nservation easements during the year | | |
| • | ▶ \$ | • | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the | e requirements of section 170(h)(4)(B) | | |
| Ū | (i) and section 170(h)(4)(B)(ii)? | (,,,, | | Yes No |
| 9 | In Part XIV, describe how the organization reports conservation easemer | ats in its revenue and expense statement. | and | |
| | balance sheet, and include, if applicable, the text of the footnote to the co | | | |
| | organization's accounting for conservation easements | 9 | | |
| P | art III Organizations Maintaining Collections of Art, | Historical Treasures, or Other S | Similar A | ssets. |
| • • | Complete if the organization answered "Yes" to | Form 990, Part IV, line 8 | | |
| 12 | If the organization elected, as permitted under SFAS 116 (ASC 958), not | | ance sheet | |
| | works of art, historical treasures, or other similar assets held for public e | | | |
| | public service, provide, in Part XIV, the text of the footnote to its financia | | | |
| h | If the organization elected, as permitted under SFAS 116 (ASC 958), to | | sheet | |
| b | works of art, historical treasures, or other similar assets held for public e | | | |
| | public service, provide the following amounts relating to these items | sensing seasons, or research in landing | | |
| | • | | . | \$ |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | \$ \$ |
| _ | (ii) Assets included in Form 990, Part X | other cimilar accets for financial coin access | le the | • |
| 2 | If the organization received or held works of art, historical treasures, or of | | ic uic | |
| | following amounts required to be reported under SFAS 116 (ASC 958) re | claulig to diese items | | |

a Revenues included in Form 990, Part VIII, line 1

| <u>Schedu</u> | le D (Form 990) 2010 | ASSOCIATION OF | CHILD | | 34-11682 | 205 | | Pa | ge 2 |
|---------------|---|---|---------------------------------------|----------------|---------------|--|--------------|-------------|-------------|
| Part | III Organizations Maintainir | ng Collections of Art, H | istorical Treasu | ures, or | Other Simi | lar Assets | (continu | ed) | |
| | Ising the organization's acquisition, access ollection items (check all that apply) | | | | | | | • | |
| а | Public exhibition | d \ Loan or | exchange programs | s | | | | | |
| ь | Scholarly research | e Other | onenanga pragram | • | | | | | |
| ٦٠ | Preservation for future generations | ا الله | • | | | | | | |
| 4 P | rovide a description of the organization's o | collections and explain how they | further the organiza | ation's exer | not pumose in | Part | | | |
| | IV | , , , , , , , , , , , , , , , , , , , | ioninal dia argumen | | | | | | |
| 5 D | ounng the year, did the organization solicit | or receive donations of art. hist | oncal treasures, or o | other simila | r | | | | |
| | ssets to be sold to raise funds rather than | | | | | | Ye | s \square | No |
| Part | | | | | wered "Yes | to Form 9 | | | |
| | line 9, or reported an amo | - | • | | | | , | • | |
| 1a Is | the organization an agent, trustee, custoo | | | assets not | | | | | |
| | icluded on Form 990, Part X? | · | | | | | Ye | s \square | No |
| b If | "Yes," explain the arrangement in Part XI" | V and complete the following tal | ole | | | | | ٠ ب | |
| | | , | | | | | Amount | | _ |
| с В | eginning balance | | | | | 1c | - | | |
| d A | dditions during the year | | | | | 1d | | | _ |
| | istributions during the year | | | | | 1e | | | _ |
| | nding balance | | | | | 1f | | | _ |
| | id the organization include an amount on l | Form 990 Part X line 212 | | | | <u> </u> | Ye | | — No |
| | "Yes," explain the arrangement in Part XI | · | | | | | | s | NO |
| Part | | | wered "Yes" to | Form 9 | 90. Part IV. | line 10 | | | |
| | | (a) Current year | (b) Pnor year | | | Three years ba | ck (e) Four | years b | ack |
| 1a B | eginning of year balance | 140,972 | · · · · · · · · · · · · · · · · · · · | | | <u> </u> | 1 ` ` | | |
| | ontributions | , | | | | | <u> </u> | | |
| | et investment earnings, gains, and | | | | | | | | |
| | sses | 7,142 | | | | | | | |
| | rants or scholarships | 76,500 | - | - | | | | | |
| | ther expenditures for facilities and | 73,300 | | | | · · · · · · · · · · · · · · · · · · · | _ | | |
| | rograms | ļ į | | | | | - | | |
| | • | 1,050 | | | | | - | | |
| | dministrative expenses | 70,564 | | | | | | | |
| _ | nd of year balance | | | | | | | | |
| | rovide the estimated percentage of the year | | | | | | | | |
| | oard designated or quasi-endowment | % , | | | | | | | |
| | ermanent endowment ▶ 9 | 6 | | | | | | | |
| | erm endowment ▶ % | | | | | | | | |
| | re there endowment funds not in the poss | ession of the organization that a | ire held and adminis | stered for the | ne | | ſ | 1 | |
| | rganization by | | | | | | | | No |
| ` ' | unrelated organizations | | | | | | 3a(ı) | X | |
| | i) related organizations | | | | | | 3a(ii) | | <u>X</u> |
| | "Yes" to 3a(II), are the related organization | • | | | | | 3b | | |
| | escribe in Part XIV the intended uses of t | | | | | | | | |
| Part | | | | | | | | | |
| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other | Dasis | (c) Accumul | į. | (d) Book | value | |
| 4- ' | | (myesunem) | (other) | | depreciation | <u>"" </u> | | | |
| 1a La | | | | 7.01 | | 205 | | 11 ^ | 25 |
| | uildings | | 50 | ,161 | ٤٤. | 3,325 | | L1,8 | <u> 36</u> |
| | easehold improvements | | | | | | | | |
| | quipment | | - | | | | | | |
| <u>e O</u> | | | <u></u> | | | | | | |
| otal. A | add lines 1a through 1e (Column (d) must | equal Form 990, Part X, colum | n (B), line 10(c)) | | | <u> </u> | | 11,8 | |
| | | | | | | Sabad | ula D /Fara | | 2040 |

| Schedule D (Form 990) 2010 THE OHIO ASSOCIATION C | | 34-1168205 | Page 3 |
|--|---------------------------------------|-----------------------------|----------------|
| Part VII Investments—Other Securities. See Form 990 | Part X, line 12 | | |
| (a) Description of security or category | (b) Book value | (c) Method of | valuation |
| (including name of security) | | Cost or end-of-year | r market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| (1) | | | ···· |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | · . | | ·········· |
| Part VIII Investments—Program Related. See Form 990 | . Part X. line 13 | | |
| (a) Description of investment type | (b) Book value | (c) Method of | valuation |
| | (., | Cost or end-of-year | |
| (1) | | | |
| (2) | | | - |
| (3) | | | |
| (4) | · | <u> </u> | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | <u></u> |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 | <u></u> | <u> </u> | |
| Part IX Other Assets. See Form 990, Part X, line 15 (a) Description | · <u>·</u> · | | |
| | , | | (b) Book value |
| | | | 70,564 |
| | - | | 2,114 |
| | | | - |
| (4) | | | |
| (5) | | | |
| (6) | | | - |
| (7) | | | |
| (8) | | | |
| (9) | | | _ |
| (10) | · | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | · · · · · · · · · · · · · · · · · · · | <u> </u> | 72,678 |
| Part X Other Liabilities. See Form 990, Part X, line 25 | | | |
| 1. (a) Description of liability | (b) Amount | | |
| _(1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | 7 | |
| (9) | | 7 | |
| (10) | | 1 | |
| (11) | | ┥ | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | | ┥ | |
| 2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the | ne omanization's financial | statements that reports the | |

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

| Sche | dule D (Form 990) 2010 THE OHIO ASSOCIATION OF CHILD | | 34-1168205 | 5 | Page 4 |
|-----------|--|--------|-------------------------------|--------------|-------------|
| _Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to | Audit | ted Financial Stateme | ents | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | 464,708 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | 539,808 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | | 3 | -75,100 |
| 4 | Net unrealized gains (losses) on investments | | | 4 | |
| 5 | Donated services and use of facilities | | | 5 | |
| 6 | Investment expenses | | | 6 | |
| 7 | Prior period adjustments . | | ļ | 7 | |
| 8 | Other (Describe in Part XIV) | | | 8 | -2 |
| 9 | Total adjustments (net) Add lines 4 through 8 | | | 9 | -2 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | | 10 | -75,102 |
| <u>Pa</u> | rt XII Reconciliation of Revenue per Audited Financial Statemen | its W | ith Revenue per Retu | ım | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 463,658 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | , | | |
| а | Net unrealized gains on investments | 2a | | 1 | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recovenes of pnor year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | 1 | , | 3 | 463,658 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | j | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,050 | - 1 | |
| b | Other (Describe in Part XIV) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 1,050 |
| 5 | Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) | | | 5 | 464,708 |
| <u>Pa</u> | rt XIII Reconciliation of Expenses per Audited Financial Stateme | nts V | Vith Expenses per R | <u>eturn</u> | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 538,760 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | I | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Pnor year adjustments | 2b | | | |
| C | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 500 560 |
| 3 | Subtract line 2e from line 1 | 1 | ſ | 3 | 538,760 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 1 050 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1,050 | | |
| b | Other (Describe in Part XIV) | 4b | -2 | ۱ ا | 1 040 |
| _ | Add lines 4a and 4b | | | 4c | 1,048 |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | · | 5 | 539,808 |
| | rt XIV Supplemental Information | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines | | | | |
| | /, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and | 4b Als | o complete this part to provi | de | |
| - | additional information | п | a | | |
| Pa | art V, Line 4 - Intended Uses for Endowment | run | ias | | |
| T | FUND OPERATIONS WHEN OTHER FUNDING IS NOT | AV7 | AILABLE. | | |
| | ·· | | | | |
| | | | | | |
| Pa | art XI, Line 8 - Reconciliation of Changes | - Ot | her | | |
| | · · · · · · · · · · · · · · · · · · · | | | | -6 061 |
| M | D BOOK/TAX DEPRECIATION DIFFERENCE | | Ş | | -6,061 |
| R | DUNDING | | Ś | | -2 |

6,061

\$

Book / Tax Depreciation Difference

Schedule D (Form 990) 2010 THE OHIO ASSOCIA Part XIV Supplemental Information (continued)

| Part XIII, Line 4b - Expense Amounts Included on Return | - Other | |
|---|---------|--------|
| NO BOOK/TAX DEPRECIATION DIFFERENCE | \$ | -6,061 |
| ROUNDING | \$ | -2 |
| Book / Tax Depreciation Difference | \$ | 6,061 |

Schedule D (Form 990) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

THE OHIO ASSOCIATION OF CHILD Name of the organization CARING AGENCIES

Employer identification number 34-1168205

Form 990, Part VI, Line 7a - Election of Members and Their Rights MEMBERS ELECT THE BOARD OF DIRECTORS

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members ENTIRE MEMBERSHIP MUST APPROVE ANY CHANGES TO THE ORGANIZATIONS BY LAWS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 THE FINANCE COMMITTEE WAS PROVIDED A COPY OF THE 990 FOR REVIEW BEFORE THE RETURN WAS PRESENTED TO THE WHOLE BOARD OF DIRECTORS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ALL CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official COMPENSION OF EXECUTIVE DIRECTOR IS SET BY THE BOARD OF DIRECTORS.

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Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE GOVERNING DOCUMENTS ARE AVAILABLE ON THE COLUMBUS FOUNDATION WEBSITE UNDER THE ORGANIZATION'S "PORTRAIT".

OHIOASSO THE OHIO ASSOCIATION OF CHILD
34-1168205 Federal Statements

8/7/2012 12 54 PM

FYE: 12/31/2010

34-1168205

Taxable Interest on Investments

Description Unrelated Exclusion Postal Acquired after US
Business Code Code 6/30/75 Obs (\$ or %) Amount Interest Income 1,791 14 1,791 Total

| | • | |
|---|---|--|
| 8/7/2012 12:54 PM | Fund Raising \$ 955 806 504 488 485 275 988 886 888 888 888 888 888 888 888 888 | |
| : ; | Management & General & 684 & 578 & 2,588 & 361 & 350 & 347 & 197 & 70 & 186 & 5,361 & | |
| Federal Statements | Total Service 4,590 \$ 2,951 | |
| OHIOASSO THE OHIO ASSOCIATION OF CHILD 34-1168205 FYE: 12/31/2010 | Form 990. | |
| OHIOASSO THE OHIO 34-1168205 FYE: 12/31/2010 | Description On-Line Services Computer, Fax & Copier Fau & Subs Equipment Leasing Office Supplies Insurance - General Payroll Processing Postage Bank Charges Licenses/Fees Total | |