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SCANNEC APR 19200

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 benefit trust or private foundation)

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

Open to Public Inspection

OMB No 1545-0047

	FOI till	and all the sear of tax year beginning	i enaing								
В	Check if applicable	C Name of organization		D Employer identific	cation number						
		THE CAMPBELL INSTITUTE		i							
	Addre	DBA THE CHILDREN'S INSTITUTE									
L	Name chang	Doing Business As		93-1	095351						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r						
	Termii	1221 SW TAMHILL SI	260	(503	<u>)219-9034</u>						
L	Amen- return	City or town, state or country, and ZIP + 4		G Gross receipts \$	896,465.						
L	Application	PORTUAND, OR 9/205-2109	H(a) Is this a group re	eturn							
	pendi	F Name and address of principal officer SWATI ADARKAR		for affiliates?	Yes X No						
_		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No						
1 Tax-exempt status. X 501(c)(3)											
		e: CHILDINST.ORG	·	H(c) Group exemption							
<u>K</u>	Form of	organization: X Corporation	L Year	of formation: 2003 N	State of legal domicile: OR						
P	art I	Summary									
o o	1	Briefly describe the organization's mission or most significant activities THE	CAMPBE	LL INSTITUT	E, DBA, THE						
Activities & Governance		CHILDREN'S INSTITUTE (THE INSTITUTE) IS	AN IND	EPENDENT,							
Ë	2	Check this box if the organization discontinued its operations or dispositions.	sed of more	than 25% of its net as	sets.						
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12						
ري مع	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12						
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	7						
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	35						
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_		Net unrelated business taxable income from Form 990-T, line 34		7b	0.						
				Prior Year	Current Year						
Revenue	8	Contributions and grants (Part VIII, line 1h)		710,266.	880,055.						
	9	Program service revenue (Part VIII, line 2g)		0.	0.						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,757.	16,410.						
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		718,023.	896,465.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		473,153.	478,079.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
g.	ь	Total fundraising expenses (Part IX, column (D), line 25)	33.								
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		140,329.	220,382.						
	i	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		613,482.	698,461.						
	19	Revenue less expenses Subtract line 18 from line 12		104,541.	198,004.						
Net Assets or Fund Balances	3		Be	ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		1,293,277.	1,528,483.						
ASS.	21	Total liabilities (Part X, line 26)		11,358.	25,509.						
<u>\$</u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,281,919.	1,502,974.						
P	art II	Signature Block									
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	y knowledge and belief, it is						
		t, and complete. Declaration of preparer (offer than officer) is based on all information of w									
		Jet Hil		9-29-1	<u>''</u>						
Sig	ın	Sugnature of officer		Date	<u> </u>						
Here SWATI ADARKAR, EXECUTIVE DIRECTOR											
Type or print name and title											
Print/Type preparer's name Preparer's signature Date Check PTIN											
Pai	d	TODD D. MASSINGER TODD D. MASSING		3-28-1/ self-employe	<u> </u>						
	parer	Firm's name HOFFMAN, STEWART & SCHMIDT, PC		Firm's EIN							
Use											
	,	Firm's address 4900 MEADOWS ROAD, STE. 200 LAKE OSWEGO, OR 97035-3295		Phone no. (503) 220-5900						
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes											

503,367.

Form 990 (2010)

THE CAMPBELL INSTITUTE

Total program service expenses ▶

Form 990 (2010)

			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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4	public office? If "Yes," complete Schedule C, Part I	3		X
•	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	١.	- T	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	X	
9	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ ا		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_ 5		^
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	 	 	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>	<u> </u>	
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		X
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		X
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		X
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	<u> </u>	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	x	
h	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	Δ.	
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.10		
-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	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		
		Form	990 c	2010)

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THE CAMPBELL INSTITUTE Form 990 (2010) DBA THE CHILDREN'S INSTITUTE Part IV Checklist of Required Schedules (continued)

, Form 990 (2010)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			ļ
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column'(A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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 with a			ĺ
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? 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)			,,
a	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 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,			7.7
	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			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	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			Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		
34	·	24		v
~ -	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		
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			
00				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		y
07	If "Yes," complete Schedule R, Part V, line 2	36		X
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	27		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		A
38		38	Х	
	Note. All Form 990 filers are required to complete Schedule O		-43	L

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	Orock it contains a response to any question in this Part V			ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 6			
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 reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	_X	
ο-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
40	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)?			v
h	If "Yes," enter the name of the foreign country	<u>4a</u>		Х
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E-		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		Α
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> 50</u>		
	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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 sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	- 1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	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	ļ		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 /	0040
		-nrm	44II/	2111111

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

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 12									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12									
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		<u> </u>						
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		<u>X</u>						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X						
5	5 , 5 , 5									
6	Does the organization have members or stockholders?	6		X						
/a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	- -		v						
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		<u>X</u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	70								
•	by the following.									
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
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		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		_X_						
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								
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	х							
	Does the organization have a written conflict of interest policy? If "No," go to line 13									
b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise									
	to conflicts?	12b	X							
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	400	х							
13	Does the organization have a written whistleblower policy?	12c 13	X							
14	Does the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	17								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
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		<u> </u>						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed OR	-								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor								
	public inspection. Indicate how you make these available. Check all that apply									
	Own website Another's website X Upon request	.d 6:	noisi							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and attempts available to the public	ій ііла	nciai							
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:								
20	MARY KALAFATIS - (503) 219-9034									
	1221 SW YAMHILL ST, SUITE 260, PORTLAND, OR 97205	_								

THE CAMPBELL INSTITUTE

THE CHILDREN'S INSTITUTE

93-1095351

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 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)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours per	(cl	heck all that apply		ly)	compensation	compensation	amount of		
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
RICHARD C. ALEXANDER		1	1					į		
BOARD MEMBER	1.00	X						0.	0.	0.
DUNCAN CAMPBELL		ĺ	1						;	
BOARD MEMBER	1.00	X	1					0.	0.	0.
LORI FLEXER		1	ł		l					_
BOARD MEMBER	1.00	X						0.	0.	0.
LYNN LUNDQUIST									_	_
BOARD MEMBER	1.00	X	ļ		L			0.	0.	0.
DR. MEERA MANI		l								
BOARD MEMBER	1.00	X		_		!		0.	0.	0.
ISAAC REGENSTREIF	1 1 1									
TREASURER	1.00	X	-	X	_	_		0.	0.	0.
JOHN TAPOGNA	1 00								_	_
BOARD MEMBER	1.00	X	-			 		0.	0.	0.
CHRIS TEBBEN	1 00	x						0.	0.	0.
BOARD MEMBER	1.00	^	-			├		0.	0.	U .
KEN THRASHER	2.00	x		$ _{\mathbf{X}} $				0.	0.	0.
BOARD CHAIR	2.00	^	 	Λ				0.		
NAN WALLER BOARD MEMBER	1.00	X						0.	0.	0.
GARY WITHERS		1	1			 				
VICE CHAIR	1.00	X		x	ľ			0.	0.	0.
JULIE YOUNG	1,00		-			 				
BOARD MEMBER	1.00	X						0.	0.	0.
SWATI ADARKAR	2,00	 				\vdash				
EXECUTIVE DIRECTOR	40.00			$ \mathbf{x} $				109,500.	0.	18,195.

Form 990 (2010)

DBA THE CHILDREN'S INSTITUTE

Par	Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	<u>est</u>	Compensated Employ	ees (continued)			_	
	(A)	(B)			(C)				(D)	(E)	(E) (
	Name and title	Average	١.,		Pos				Reportable	Reportable	,	Estimated		
	•	hours per	(c)	neck	all	that	арр	ly)	compensation	compensation		amount of		
		week	5						from	from related	- 1	other		
	•	(describe hours for	direc				_		the	organization			pensa	
		related	50 00	Stee			뿛		organization	(W-2/1099-MI	SC)		om th	
		organizations	trust	altro		yee	Ē		(W-2/1099-MISC)			•	anızat	
		in Schedule	Individual trustee or director	Institutional trustee	<u>ت</u>	Key employee	sst co	5					d relat	
		O)	횰	Instit	Officer	Key	Highest compensated employee	Former				orga	ınızatı	0115
					_	-			<u> </u>	<u></u> .				_
			 			-	+			-				
			<u> </u>				-							
			_			-								
					-		<u> </u>					-		
							 _							
	· · · · · · · · · · · · · · · · · · ·						<u> </u>							
	•													
1b	Sub-total						<u> </u>		109,500.	-	0.	1	8.1	95.
С	Total from continuation sheets to Part VI	I. Section A					•		0.		0.		<u>- , </u>	0.
	Total (add lines 1b and 1c)	,					•		109,500.		0.	1	8.1	95.
2	Total number of individuals (including but n	ot limited to th	nse	liste	d at	OVE	a) wh	no re		000 in reportab			<u> </u>	
-	compensation from the organization		000	11010	. u.		<i>-,</i>		occirca more triair proc	,ooo iii roportab				1
	componsation from the organization												Yes	No
3	Did the organization list any former officer,	director or tou	nt n n	kos		اماما		ar h	vaheet componented or	anlavaa an	٦			
3			SIEE	, Key	eni	ipio;	yee,	OI II	iighest compensated en	iipioyee ori				v
	line 1a? If "Yes," complete Schedule J for s										ŀ	3		X
4	For any individual listed on line 1a, is the su									ine organization	ł			77
_	and related organizations greater than \$150										}	4		X
5	Did any person listed on line 1a receive or a							elate	ed organization or indivi	dual for services	- 1			
	rendered to the organization? If "Yes," com	plete Schedule	e <i>J f</i>	or su	ıch j	oers	son					5		<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	ende	nt c	ontr	racto	rs t	hat received more than	\$100,000 of con	npensa	ation f	rom	
	the organization NONE							-						
	(A)								(B)		_	(C		
	Name and business	address						4	Description of s	ervices		ompei	nsatio	n
								_						
								T						
								_					_	
								T						
								\dashv						
2	Total number of independent contractors (i	ncluding but o	ot lir	nıter	d to	tho	م ا م	الساد الموارد	above) who received m	ore than				
~	\$100,000 in compensation from the organization	_	Jt 111				5 0 115	ou	above, who received it	ore triali				
	wido, ood in compensation from the organiz	cation -							•			I	<u>aan //</u>	2010)
												- () (())	ual l	CUILLI

		,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
छ छ	1 a	Federated campaigns	1a					310,01314
Contributions, gifts, grants and other similar amounts		Membership dues	1b					
S, g	c	Fundraising events	1c					
ar a	d	5111	1d					
S, E	е	Government grants (contribut						
tior ir si	f	All other contributions, gifts, gran	· —					
혈		similar amounts not included abo		880,055.				
호	g	Noncash contributions included in lines	1a-1f \$	5,244.				
<u>8</u> 0	<u>h</u>	Total. Add lines 1a-1f		•	880,055.			
				Business Code				
9	2 a							
e Z	b							
Program Service Revenue	С							
Fa	d							
ξ	е							
_	Ť	All other program service reve	enue			<u> </u>		
\rightarrow	<u> </u>	Total, Add lines 2a-2f	duudondo intere	at and				
	3	Investment income (including other similar amounts)	dividends, intere	est, and	16,410.			16 410
l	4	Income from investment of ta	v.avamnt hand r	rocoods	10,410.			16,410.
	5	Royalties	v-exempt pond b	noceeds				
	3	noyanics	(i) Real	(II) Personal				
	6 a	Gross Rents	(i) Float	(ii) i cisoriai				
	b	Less: rental expenses	,		•			
	c	Rental income or (loss)				i		
- 1	d	Net rental income or (loss)		•				
		Gross amount from sales of	(ı) Securities	(II) Other			**************************************	
		assets other than inventory		'				
1	b	Less: cost or other basis						
- 1		and sales expenses						
1	С	Gain or (loss)						
	d	Net gain or (loss)		_				
e l	8 a	Gross income from fundraising	g events (not					
en		including \$	of					
Other Reven		contributions reported on line	1c) See					
ē		Part IV, line 18	а					
₹		Less. direct expenses	. b	L				
		Net income or (loss) from fund						-
-	у а	Gross income from gaming ac Part IV, line 19						
1			а					
		Less: direct expenses Net income or (loss) from gam	. b					
		Gross sales of inventory, less						
	10 8	and allowances	a					
İ	b	Less: cost of goods sold	b					
		Net income or (loss) from sale		—				
Ī		Miscellaneous Revenu		Business Code				
	11 a				1			
	b							
	c							
	d	All other revenue					·	
	е	Total. Add lines 11a-11d		. •				
\perp	12	Total revenue See instructions.			896,465.	0.	0.	
03200	9 ·10							Form 990 (2010)

THE CAMPBELL INSTITUTE DBA THE CHILDREN'S INSTITUTE

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) (A) (B) (C) (D) Fundraising Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 109,500 75,856. 10,761. trustees, and key employees 22,883. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 287,405. 199,099. 28,243. 60,063. 7 Pension plan contributions (include section 401(k) 11,547 and section 403(b) employer contributions) 7,999. 1,135 2,413. 27,677. 39,953 3,926. 8,350. 9 Other employee benefits 29,674 20,557. 10 Payroll taxes 2,916. 6,201. Fees for services (non-employees): 11 Management Legal b Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 95,961 83,112. 9,175 3,674. Other g 12 Advertising and promotion 13 Office expenses 15,929. 9,971 1,815 4,143. Information technology 14 Royalties 15 17,925. 2,429 5,247. 25,601 16 Occupancy 11,757. 12,987. 879. 351. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,759. 4,759. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 2,752. 378 3,980 850. Depreciation, depletion, and amortization 22 4,181. 693 6,152. 1,278. 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.) 19,593. 14,208. 453 4,932. EVENT EXPENSES FOCUS GROUPS AND E-ADVO 11,985. 10,355. 1,630. 0. 11,848 DUES AND PUBLICATIONS 11,848. 6,128. 221 5,229. OTHER 678. e BANKING AND PAYROLL FEE 5,459 633. 4,637 189. All other expenses 127,433. 698,461. 503,367. 67,661 Total functional expenses. Add lines 1 through 24f Joint costs. Check here I 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

art >	(Balance Sheet			1075331 Tage
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	154,618.	1	85,644.
2	Savings and temporary cash investments	5,676.	2	7,900.
3	Pledges and grants receivable, net	368,900.	3	485,450.
4	Accounts receivable, net	2,954.	4	469
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
ε	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)		6	
7	Notes and loans receivable, net		7	
8	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges	10,272.	9	18,175
10	a Land, buildings, and equipment, cost or other			
	basis Complete Part VI of Schedule D 10a 21,886.			
	b Less accumulated depreciation 10b 15,251.	6,979.	10c	6,635
11		743,878.	11	924,210
12	, and the second se		12	<u> </u>
13	Investments · program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,293,277.	16	1,528,483
17	Accounts payable and accrued expenses	11,358.	17	25,509
18	Grants payable		18	•
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	11,358.	26	25,509.
	Organizations that follow SFAS 117, check here			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	634,299.	27	893,324.
28	Temporanly restricted net assets	647,620.	28	609,650.
29	Permanently restricted net assets		29	•
	Organizations that do not follow SFAS 117, check here and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,281,919.	33	1,502,974.
34	Total liabilities and net assets/fund balances	1,293,277.	34	1,528,483.

Form **990** (2010)

THE CAMPBELL INSTITUTE DBA THE CHILDREN'S INSTITUTE

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

separate basis, consolidated basis, or both

Act and OMB Circular A-133?

Form	990 (2010) DBA THE CHILDREN'S INSTITUTE	93	-1095351	Pa	ge 1 :			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				X			
	Tabel and a second Decay (III) and a second De	I	004		- -			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,4	_			
2	Total expenses (must equal Part IX, column (A), line 25)	2	698	3,4	61			
3	Revenue less expenses Subtract line 2 from line 1	3	198	3,0	04			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
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, column (B))	6	1,502	2,9	74			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	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 th	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (o 🗔					

X

За

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization THE Employer identification number CAMPBELL INSTITUTE DBA THE CHILDREN'S INSTITUTE 93-1095351 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 b Type II c Type III - Functionally integrated ___ Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (v) Did you notify the (vi) Is the (iv) is the organization (i) Name of supported (ii) EIN (vii) Amount of organization ganızátıon ın col. in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9) governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

THE CAMPBELL INSTITUTE

Schedule A (Form 990 or 990-EZ) 2010 DBA THE CHILDREN'S INSTITUTE 93-10953

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 93-1095351 Page 2

(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)

Se	ction 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.")	557,110.	648,020.	729,255.	687,445.	879,255.	3501085.
2	Tax revenues levied for the organ-						
	ızatıon'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				_		
4	Total. Add lines 1 through 3	557,110.	648,020.	729,255.	687,445.	879,255.	3501085.
5	The portion of total contributions						
	by each person (other than a				i		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				,		
	column (f)						1687792.
6	Public support. Subtract line 5 from line 4			-			1813293.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	557,110.	648,020.	729,255.	687,445.	879,255.	3501085.
8	Gross income from interest,						*
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,335.	3,633.	9,817.	7,756.	16,410.	40,951.
9	Net income from unrelated business			•			•
	activities, whether or not the						
	business is regularly carried on			ĺ	·		
10	Other income Do not include gain				-		-
	or loss from the sale of capital						
	assets (Explain in Part IV.)	16,100.	3,125.				19,225.
11	Total support. Add lines 7 through 10						3561261.
12		etc. (see instruction	ons)			12	48,700.
13	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	ıx vear as a sectioi		
	organization, check this box and stop		, , , , , , , , , , , , , , , , , , , ,	-, · · · · · · · · · · · · · · · · ·	, ,		▶□
Sec	tion C. Computation of Publi	ic Support Per	rcentage				
14	Public support percentage for 2010 (li	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	50.92 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010.If the or	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						$\triangleright \mathbf{X}$
b	33 1/3% support test - 2009. If the or	rganization did not	check a box on lii	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check the	
	and stop here. The organization quali	fies as a publicly s	upported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances test	•			13, 16a, or 16b. a	nd line 14 is 10% i	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-			
b	10% -facts-and-circumstances test	_	-		•	7a, and line 15 is 1	0% or
_	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		_		• • •		, · [
	and the second second			.,		dule & (Form 990	

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.)

Se	ction 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.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b					1	
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support			·			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
10a	d Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
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				1		
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	s first second the	rd, fourth, or fifth t	ax vear as a sectu	on 501(c)(3) organi	zation.
•	check this box and stop here	ano organization	o o., oooona, a	,		(-)(-) g	
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (I			column (fl)		15	%
	Public support percentage for 2010 (in Public support percentage from 2009		•	COLUMN (1))		16	
	ction D. Computation of Inves			<u>. </u>		110	
	<u></u>					17	%
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne is, column (I))	•	17	
	Investment income percentage from			on line 4.441-	. 15 10 45	23 1/394 and line	
198	a 33 1/3% support tests - 2010. If the						I / IS HOL
	more than 33 1/3%, check this box a		-				₽ □
ŀ	33 1/3% support tests - 2009. If the						
_	line 18 is not more than 33 1/3%, che		-				
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see in	ISTRUCTIONS	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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), 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) organiza	tions Complete Part III	•	, , ,	
		PBELL INSTITUTE		Er	mployer identification number
	DBA THE	CHILDREN'S INST	ITUTE		93-1095351
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities		* \$
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	<u> </u>			\$
	Enter the amount of any excise tax			;)	> \$
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?	·	•		Yes No
	o If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt und	ler section 501(c)	, except section 50	01(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt func	tion activities	▶\$
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities			•	> \$
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	and on Form 1120-POL	••	
	line 17b)	►\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	mployer identification number (El	N) of all section 527 po	olitical organizations to v	which the filing organization
	made payments. For each organization contributions received that were provided that were provided to the contributions and the contributions are contributions.	romptly and directly delivered to	a separate political org	janization, such as a sep	
	political action committee (PAC). If		1	· · · · · · · · · · · · · · · · · · ·	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds If none, enter	contributions received and
_				-	
_					
_					

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

Schedule C (Form 990 or 990-EZ) 2010

THE CAMPBELL INSTITUTE

Schedule C (Form 990 or 990 EZ) 2010 Part II-A, Complete if the org	DBA '	THE CH	ILDREN'S IN	ISTITUTE	93-1	1095351 Page 2
Part II-A. Complete if the org (election under sec			npt under sectio	on by r(c)(b) and m	ea rorm 5/06	
		• • • • • • • • • • • • • • • • • • • •				
A Check if the filing organizat						
B Check Lifthe filing organization	tion check	ed box A ar	d "limited control" pr	ovisions apply.	/ \ T-l	(I.) A(E) -A - d
		oying Exper	nditures nts paid or incurred	,	(a) Filing organization's	(b) Affiliated group totals
				·,	totals	
1a Total lobbying expenditures to influ	ience pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	ience a le	gislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a an	d 1b)		,		
d Other exempt purpose expenditure	es					<u> </u>
e Total exempt purpose expenditure	-		•			
f Lobbying nontaxable amount Enter the amount from the following table in both columns				<u> </u>		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e	9.		
Over \$500,000 but not over \$1,000			0 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000		\$1,000,0	000.			
						ļ
g Grassroots nontaxable amount (en		•				<u> </u>
h Subtract line 1g from line 1a If zero or less, enter -0-					<u> </u>	
i Subtract line 1f from line 1c. If zero or less, enter -0-						<u> </u>
j If there is an amount other than ze		er line 1h or	line 11, did the organiz	zation file Form 4/20		п., п.,
reporting section 4911 tax for this	year?					Yes No
(Some organiz	ationa the		raging Period Under	r Section 501(h) on do not have to com	aloto all of the five	
				es 2a through 2f on pa		
				ear Averaging Period		
		Jymg Exper	lartares barring 4-16	Averaging remod		·
Calendar year	(a)	2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
(or fiscal year beginning in)						
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))						
f Grassroots lobbying expenditures						

THE CAMPBELL INSTITUTE

93-1095351 Page 3

Schedule C (Form 990 or 990-EZ) 2010 DBA THE CHILDREN'S INSTITUTE 93-109535

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

		(;	a)	(b))
	•	Yes	No	Amo	ount
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?	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		1	L,630.
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		17	7,721.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities? If "Yes," describe in Part IV		X		
j	Total Add lines 1c through 1i		ļ <u> </u>	19	<u>,351.</u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
þ	If "Yes," enter the amount of any tax incurred under section 4912]		
¢	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>	<u> </u>		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	on 501(c)	(5), or se	ction	
	501(c)(6).			Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?		1		
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
2	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?		3		
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
2	expenses for which the section 527(f) tax was paid).	ioui			
-	Current year		2a		
	Out of the state o		2b		
b			2c		
C	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	0000			
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	pontioar	4		
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
5 Pai	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, a	nd Part II-B,	line 1i. Also	, complete	this part
	ny additional information				
	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
TH:	E INSTITUTE CONDUCTS LOBBYING AS PART OF ITS READY	FOR S	CHOOL		
CAI	MPAIGN.				
	<u> </u>				-

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.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE CAMPBELL INSTITUTE

DBA THE CHILDREN'S INSTITUTE

Employer identification number 93-1095351

Pai	tΠ	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	egate contributions to (during year)		
3	Aggre	egate grants from (during year)		
4	Aggre	egate value at end of year		
5	Did th	ne organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are th	e organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did th	ne organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for ch	aritable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
		missible private benefit?		Yes No
Pai	rt II	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7
1	Purpo	ose(s) of conservation easements held by the organizati		
		Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area
		Protection of natural habitat	Preservation of a cer	tified historic structure ,
		Preservation of open space		
2	Comp	plete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day o	f the tax year.		
				Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
С	Numb	per of conservation easements on a certified historic str	ucture included in (a)	2c
d	Numb	per of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed	in the National Register		2d
3	Numt	per of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year]	>		
4	Numb	per of states where property subject to conservation ea	sement is located >	
5	Does	the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violat	ions, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	luring the year 🕨
7	Amou	int of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does	each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?		Yes No
9	in Pa	rt XIV, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	includ	le, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	cons	ervation easements		
Pai	<u>t III </u>	Organizations Maintaining Collections o		ther Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a		organization elected, as permitted under SFAS 116 (AS	•	
	histor	ncal treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ince of public service, provide, in Part XIV,
	the te	ext of the footnote to its financial statements that descri	bes these items.	
b	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treas	ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relatır	ng to these items.		
	(i) P	evenues included in Form 990, Part VIII, line 1		. ▶ \$
	(ii) A	ssets included in Form 990, Part X		> \$
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the fo	ollowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Reve	nues included in Form 990, Part VIII, line 1		> \$
ь	Asset	s included in Form 990, Part X	·	S

THE CAMPBELL INSTITUTE Schedule D (Form 990) 2010 DBA THE CHILDREN'S INSTITUTE 93-1095351 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition Loan or exchange programs Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Dunng the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount Beginning balance Additions during the year 1d Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes b If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses f End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment % Term endowment %

		Yes	No
3a(i)		
3a(i	ii)		
3b)		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Part VI Land, Buildings, and Equipn	nent. See Form 990, Part X	, line 10		
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		21,886.	15,251.	6,635.
e Other				
Total, Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, colur	nn (B), line 10(c))	,. ,,,,, >	6,635.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 DBA THE CH	ILDREN'S INST	ITUTE	93	<u>-1095351</u>	Page
Part VII Investments - Other Securities.	See Form 990, Part X, line 1	2			
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua t or end-of-year mar		_
(1) Financial derivatives					
(2) Closely-held equity interests			<u> </u>		
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)		<u> </u>			
(H)		·			
(1)					
Total. (Col (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 valua		
(1)					
(2)					
(3)					
(4)					
(5)			<u></u>		
(6)					
(7)					
(8)					
(9)		· · · · · · · · · · · · · · · · · · ·			
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	-	† · - · · · · · · · · · · · · · · · · · 			
Part IX Other Assets. See Form 990, Part X, III	ne 15.				
) Description			(b) Book va	lue
(1)		······································			
(2)					
(3)					_
(4)					_
(5)					_
(6)				<u> </u>	
					 -
(7)	 _			 -	
(8)		 -			
(9)		-			
(10)	451				
Total. (Column (b) must equal Form 990, Part X, col (B) II. Part X Other Liabilities. See Form 990, Part X	ne 15.)				
(a) Description of liability	K, III18 25	(b) Amount			
<u></u>		(b) Amount			
(1) Federal income taxes					
(3)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
	ne 25.)				
Total. (Column (b) must equal Form 990, Part X, col (B) III FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	to the organization's financial state	ments that reports the organiz	ation's liability for uncertain	n tax positions under	

THE CAMPBELL INSTITUTE Schedule D (Form 990) 2010 DBA THE CHILDREN'S INSTITUTE 93-1095351 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 896,465. Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 698,461. Excess or (deficit) for the year. Subtract line 2 from line 1 198,004. 3 3 Net unrealized gains (losses) on investments 4 23,051. Donated services and use of facilities 5 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 through 8 23,051 9 9 221,055. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 967,130. Amounts included on line 1 but not on Form 990, Part VIII, line 12 23,051 Net unrealized gains on investments 2a 47.614. Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIV) 2d 70,665. Add lines 2a through 2d 2e 896,465. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) c Add lines 4a and 4b 40 896,465. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 746,075. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25. 47,614. Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIV) 47,614. e Add lines 2a through 2d 2e 698,461. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 698 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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, line 2, 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.

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2010

Open to Public Inspection

Department of the Treasury-Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

THE CAMPBELL INSTITUTE

DBA THE CHILDREN'S INSTITUTE

Employer identification number 93-1095351

Part | **Questions Regarding Compensation** Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X a The organization? 5a Х Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.

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

not described in lines 5 and 6? If "Yes," describe in Part III

Regulations section 53.4958-6(c)?

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2010

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Х

Х

DBA THE CHILDREN'S INSTITUTE

THE CAMPBELL INSTITUTE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	Q	(E)	<u>(i)</u>
		/_/			Retirement and	Nontaxable	Total of columns	Compensation
(А) Nате		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(i)(B)	reported in prior Form 990 or
	-							
	Ξ							
1	<u>(ii)</u>							-
	Θ							
2	Œ							
	(1)							
3	Œ							
	(1)							
4	⊜							
	Ξ							
5	(ii)							
	Ξ							
9	▣							
	Ξ							
7	≘							
	Ξ							
8	▣							
	Ξ							
6	☺							
	Ξ							
10	<u>(ii)</u>							
	Ξ							
11	▣							
	Ξ							
12	▣							
	Ξ							
13	⊞							
	Ξ							
14	⊞							
	Ξ		:					
15	₿							
	Ξ							
16	∄							

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE CAMPBELL INSTITUTE

Employer identification number

Schedule O (Form 990 or 990-EZ) (2010)

THE CHILDREN'S INSTITUTE 93-1095351 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NOT-FOR-PROFIT, RESEARCH-DRIVEN ACTION ORGANIZATION. THE INSITUTE IS COMMITTED TO FINDING INNOVATIVE WAYS TO SERVE OREGON'S MOST DISADVANTAGED CHILDREN, FROM BIRTH TO AGE 8, THROUGH QUALITY EARLY CHILDHOOD EDUCATION AND OTHER MEANS. THE GUIDING PRINCIPLE, "START SMALL, GROW GREAT, " CONTINUES TO ENABLE THE INSTITUTE TO THOUGHTFULLY ALIGN PUBLIC AND PRIVATE DOLLARS WITH THE BEST RESEARCH IN ORDER TO POWER LONG-TERM MEASURABLE CHANGE FOR OREGON'S KIDS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: DEMONSTRATION PROJECT AND TECHNICAL ASSISTANCE - THE DEMONSTRATION PROJECT IS A 10-YEAR PROJECT INTENDED TO INFLUENCE BIRTH-TO-EIGHT POLICIES AND PRACTICES AT THE LOCAL, STATE, AND NATIONAL LEVELS. INITIATIVE WILL TRANSFORM THE EARL BOYLES ELEMENTARY SCHOOL INTO AN EARLY LEARNING LABORATORY WHERE STRATEGIES BELIEVED TO HAVE THE GREATEST IMPACT ON SCHOOL READINESS, THIRD GRADE PROFICIENCY, AND CLOSURE OF THE ACHIEVEMENT GAP WILL BE TESTED. THE INITIATIVE WILL DEMONSTRATE HOW EARLY LEARNING AND WHOLE-CHILD DEVELOPMENT BEGINNING AT BIRTH CAN HAVE A SIGNFICANT IMPACT ON SUCCESS IN SCHOOL AND LIFE. EXPENSES \$ 68,787. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT, IS BASED ON OUR AUDITED FINANCIAL STATEMENTS, AND IS REVIEWED BY BOTH THE CFO AND EXECUTIVE DIRECTOR. THE FORM 990 IS ALSO REVIEWED BY THE FINANCE COMMITTEE, THE TREASURER, AND THE CHAIRMAN OF THE

BOARD BEFORE FILING. THE AUDITED FINANCIAL STATEMENTS ARE REVIEWED BY THE

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

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Schedule O (Form 990 or 990-EZ) (2010)	_ Page 2
Name of the organization THE CAMPBELL INSTITUTE DBA THE CHILDREN'S INSTITUTE	Employer identification number 93-1095351
CFO, EXECUTIVE DIRECTOR, AND FINANCE COMMITTEE. THE AUDIT	ED FINANCIALS ARE
APPROVED BY THE FULL BOARD AFTER PRESENTATION BY THE AUDI	TOR.
FORM 990, PART VI, SECTION B, LINE 12C: WHEN NEW BOARD ME	MBERS ARE
APPROVED THEY SIGN THE CONFLICT OF INTEREST FORM. IN ADDI	TION, BOARD
MEMBERS RENEW BY SIGNING THE FORM AGAIN AT THE FIRST BOAR	D MEETING OF THE
FISCAL YEAR.	
FORM 990, PART VI, SECTION B, LINE 15: WITH EVERY NEW EMP	LOYEE, THE
INSTITUTE UNDERTAKES AN INFORMAL DATA COLLECTION OF WAGE	INFORMATION OF
COMPARABLE POSITIONS IN COMPARABLE ORGANIZATIONS. IN ADDI	TION, WE HAVE USED
SURVEY DATA COMPILED BY OUTSIDE SOURCES AS A GUIDE. THE B	OARD OF DIRECTORS
PROVIDES AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR. THE	EXECUTIVE DIRECTOR
PROVIDES AN ANNUAL WRITTEN AND VERBAL REVIEW OF KEY EMPLO	YEES.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENT	S WILL BE MADE
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	23,051.
REVIEW OF AUDIT	
NO CUANCEC HAVE DEEN MADE TO THE DECCES FOR DEVITEMING THE	E XIDIMED

NO CHANGES HAVE BEEN MADE TO THE PROCESS FOR REVIEWING THE AUDITED

FINANCIAL STATEMENTS.