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### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service

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

Α	For the	2011 cale	endar year, or tax year beginning January 1 , 2011, and endin	g Decer	nber 31	, 20 11
В	Check if	applicable	C Name of organization Kids Campaign, Inc.		D Employe	er identification number
	Address	change	Doing Business As			52-1304326
$\overline{\Box}$	Name c	•	Number and street (or P.O box if mail is not delivered to street address) Room/su	ıte	E Telephor	ne number
$\overline{\Box}$	Initial re	-	3800 Hooper Avenue			410-467-3000
$\exists$	Termina		City or town, state or country, and ZIP + 4	·	-	110 101 0000
<u>اسا</u>			Baltimore, MD 21211		<b>C</b> C	eceipts \$ 322,318
H		ed return			<b>G</b> Gross re	<del></del>
Ш	Applicat	ion pending				for affiliates? Yes Vo
			3801 Canterbury Rd #1002, Baltimore MD			ncluded? Yes No
<u> </u>	Tax-exe	mpt status	✓ 501(c)(3)		io," attach a	list (see instructions)
J	Website	9: ▶		H(c) Group	p exemption	number >
K	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format	ion 1983	M State	of legal domicile MD
P	art I	Summ	nary			
	1	Briefly de	escribe the organization's mission or most significant activities: Raisin	g funds for v	arious ch	aritable organizations.
_			hed to promote, foster, encourage, support and sponsor various activities for			
ဦ	1		onal, civic and social improvement and betterment of economically deprived			
Governance		United St				
ě	2		ns box ▶ ☐ If the organization discontinued its operations or disposed of	of more than	25% of	its net assets
යි	3		of voting members of the governing body (Part VI, line 1a)	or more and	3	9
•ಕ	1				4	
Activities &	4		of independent voting members of the governing body (Part VI, line 1b)		<b>├</b>	<del></del>
Ξ	5		mber of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
Ş	6		mber of volunteers (estimate if necessary)		6	9
•	7a	Total unr	related business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unre	lated business taxable income from Form 990-T, line 34	· · <u>· ·</u> ·	7b	0
			RECEIVED   L	Pnor Yo	ear	Current Year
<b>6</b> 1	8	Contribu	tions and grants (Part VIII, line 1h).	365,165	322,318	
Ž	9	Program	Service revenue (Part VIII line 2011 et l		0	0
Revenue	10	Investme	ent income (Part VIII, line 29) (20) 1. 2012		70	25
æ	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		0	0
	12		enue—add lines 8 through 11 (must equal Part VIII, cqiumn (A), line 12)		365,235	322,343
_	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		957,188	310,974
					0	0
	14		paid to or for members (Part IX, column (A), line 4)		0	
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	·		0
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0
Š	b		draising expenses (Part IX, column (D), line 25) ▶	Skr4	<u> </u>	
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		0	0
	18	Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		957,188	310,974
	19	Revenue	eless expenses. Subtract line 18 from line 12		(591,593)	11,369
7.8	3			Beginning of Co	urrent Year	End of Year
sets or	20	Total ass	sets (Part X, line 16)	-	385,874	397,535
Net Assi Fund Ral	21		pilities (Part X, line 26)		0	3,700
¥ .	22		ets or fund balances. Subtract line 21 from line 20		385,874	393,835
_	art II		ture Block		000,011	
_						mu language and haliaf it is
			ury, I declare that I have examined this return, including accompanying schedules and state liete Declaration of preparer (other than officer) is based on all information of which prepare			ny knowledge and belier, it is
		T			1/11	10-10
0:			que Wille		$\varphi \varphi \varphi $	2012
Sig	_	Sign	nature of officers	Da	ate ' f	
He	ere	<b>                                     </b>	Susan Dunez, Treasurer			
		<u> </u>	e or print name and title			
P	aid	Print/Ty	/pe preparer's name Preparer's signature Da	ate	Check	of PTIN
	epare	\r			self-emp	<b>-</b> → 1
	-	l	name >	Firr	n's EIN ▶	
U	se On	יט עי	address ▶		one no	<del></del>
Ma	v the fi		s this return with the preparer shown above? (see instructions)	1 1 1 1		Yes No
_	<u> </u>			lo. 11282Y		Form <b>990</b> (2011)
LO	rapen	WOLK LEGA	cuon Act nouce, see the separate instructions. Cat N	IU. 112021		1 on 11 330 (2011)

	Ψ (2011)	Page 2
Part		<u> </u>
	Check if Schedule O contains a response to any question in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	Organization was established to promote, foster, encourage, support and sponsor various activities  for the general educational, vocational, recreational, civic and social improvement and betterment of	
	economically deprived boys and girls throughout the United States.	
	economically deprived boys and girls throughout the office states.	
2	Did the organization undertake any significant program services during the year which were not listed on the	·
	prior Form 990 or 990-EZ?	☐Yes ☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☐ Yes 🗹 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to repo	rt the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
		<del></del>
4a	(Code: ) (Expenses \$ 262,262 including grants of \$ 262,262 ) (Revenue \$	0)
	Charitable support to various summer camp programs, before/after school programs, shelters, etc. Primarily in for	
	"campership" awards to sponsor needy children attendance, sponsorship of specific activities - such as funding of	
	expenses related to programs, funding purchases of needed supplies (food, health/safety items, musical instrument	
	craft materials, etc.). These are all short-term expenditures, exhausted within weeks of award. No awards are auton	natically
	renewed.	
4b	(Code: ) (Expenses \$ 48,712 including grants of \$ 48,712 ) (Revenue \$	0 )
	Distribution of gift certificates for groceries/sundries for indigent families, to help them celebrate the holidays.	
	\$25 gift cards for Mars Supermarkets and WalMart, purchased at a discount but redeemable at full face value	
	Awards based on recommendations from various shelters and other agencies working with low-income and transie	nt
	population families.	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	, (	
	•••••••••••••••••••••••••••••••••••••••	
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 310,974	<del></del>
70	Total program service expenses ► 310,974	

Part	V 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>\</b>
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		✓
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	_	✓
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,			1
	Part III	5		ļ <u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	_	✓_
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	_	✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	_		
		8		✓_
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			1
40	•	9		<b>-</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		,
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<b>V</b>
11	VII, VIII, IX, or X as applicable.	11.5	¥	Ê
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1 1 5 m	æ	8
а	complete Schedule D, Part VI	11a		1
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	IIa	_	┞ <b>▼</b>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		<del>'</del>
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> </u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		1	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<b>/</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		1	١.
4-	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		1	
<b>4</b> -	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ł	,
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 =	If "Yes," complete Schedule G, Part III	19		<b>√</b>
20 a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
U	in resito ime zoa, dio me organization attach a copy of its addited illiancial statements to this return?	200	l	İ

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>\</b>	
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	<b>√</b>	
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		<b>✓</b>
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 Schedule K. If "No," go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>✓</b>
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	_	1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37_	1	<b>✓</b>
			000	(0011)

Form **990** (2011)

Part				
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0	\$3	1 <del>0</del> 3	**
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	- \$ (		
	reportable gaming (gambling) winnings to prize winners?	1c	on time della	المستقد المساود
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			-3
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		galyan ayadan a	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		•
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1.00	. 20	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		* .	-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	"		
	organization solicit any contributions that were not tax deductible?	6a		1
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	1 4 1	24.	
	and services provided to the payor?	7a		✓
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?	_		,
	1-1	7c	3%. 00	<u> </u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	ŭú.	./
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ĥ	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	Did the organization make any taxable distributions under section 4966?	9a		<b>√</b>
_b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		2
10	Section 501(c)(7) organizations. Enter:			12202
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		260 J
11	Section 501(c)(12) organizations. Enter:			
· ·	Gross income from members or shareholders		7	200
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	Pride.	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		`e	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			- 1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	15.1	
	Note. See the instructions for additional information the organization must report on Schedule O.	3.3		
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			
_		- '-?"		
C 14a	Enter the amount of reserves on hand	44-	27.5	1
14a h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		✓

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.
Secti	on 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	, * *	165	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
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		✓_
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5 6		<b>√</b> <b>√</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	×,	✓
а	the year by the following:  The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a	105	No ./
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>√</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13	>	<b>√</b>
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		
	Other officers or key employees of the organization	15b	* (3a).	✓
16a	with a taxable entity during the year?	16a	ja <b>y</b>	<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	- S	
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Maryland  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Susan Nunez, 3800 Hooper Avenue, Baltimore MD 21211 (Treasurer) 410-467-3000	of the	)	

Page	4

Form	200	/201	11	

-						
Part VII	Compensation of Officers	, Directors, Trustees,	Key Employees,	Highest Compensate	d 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.

<ul> <li>Check this box if neither the organization not</li> </ul>		d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
				(6	C)			•		
(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				ıs both	an ee)	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Clarence Mitchell IV										
Board Member	1	<b>/</b>					_	0	0	0
(2) Wanda Q. Draper Board Member	1	1						0	0	o
(3) Jordan W. Wertlieb	<u>'</u>	<u> </u>	┢	┝	-		-			
Board Member	1	1				1		o	0	o
(4) Malarie Pinkard Board Member	1	1						o	o	0
(5) Donald Hutchinson										
Board Member	1	1						0	0	0
(6) Edward Kiernan President	2			1				0	0	0
(7) Mark Miller										
Vice President (resigned)	2	<u> </u>		✓			L_	0	0	0
(8) Susan Nunez Treasurer	4			1				0	0	0
(9) Yvette Hale Secretary	5			1				0	О	0
(10)										
(11)									-	
(12)								_		
(13)										
(14)					-					<u> </u>

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	rage box, unless perso 's per officer and a direct					an tee)	(D)  Reportable compensation from	(E) Reportable compensation related organization	n from	(F) Estimated amount of other	ţ.
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N		compensation from the organization and related organization	n E
(15)													
(16)													
(17)				_									
(18)												<u> </u>	
(19)				_									-
(20)								-					
(21)													
(22)													
(23)													
(24)													
(25)								-					
1b c d	Sub-total	VII, Sectio		•	•		•	► ►	0 0		0		0
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000	0 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc	tor, c	or tr	uste	e,	key e		bloyee, or high	est compe	nsate	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	150,	000								
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc		5	7
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation	
None			_								_		
						_							
2	Total number of independent contractor	•	-					th		ove) who			
_	received more than \$100,000 of compens	auon nom	are of	ıyar	ıı∠di	uon			0		V - 7	- 4	

Part	VIII	Statement of Revenue			·	-			
				•	(A) Total revenue	exe fun	B) ted or empt ction enue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इंदे ह	1a	Federated campaigns	. 1a	0					1
iran	b	Membership dues		0	1				;
s, G Am	С	Fundraising events	. 1c	0					
Sift lar,	d	Related organizations	. 1d	0	]				h
is, (	е	Government grants (contribution		0	}				1
tior er S	f	All other contributions, gifts, grant	l l		-				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included about Noncash contributions included in lines		322,318	-				,
Containd	g h	Total. Add lines 1a–1f			322,318	3			
			<u> </u>	Business Code		1	· · · · · · · · · · · · · · · · · · ·	` .	
Program Service Revenue	2a	••				,			
Re	b	•••••				1	-		
vice	С							··-	
Ser	d								
E	е								
ogr	f	All other program service rev							
4	g	Total. Add lines 2a-2f		▶	(		*		
	3	Investment income (includir							_
	_	and other similar amounts)			25	<del></del>	0	0	25
	4	Income from investment of tax-e				1			
	5	Royalties	· · ·			)			
		ļ	neai	(ii) Personai	li ali	4.	· .		gin'
	6a	Gross rents				*	<u> </u>		*
	b	Less: rental expenses Rental income or (loss)						* '	
	d	Net rental income or (loss)			<u> </u>	"	~ . <u>%</u>		
	7a	<del></del>	curities	(II) Other	·	3,4	*		;a \ ;
		assets other than inventory			<b>*</b> ***	*	% ·	•**	,
	þ	Less cost or other basis and sales expenses .			ý 33.	<i>\$</i> ~′		d so	***
	С	Gain or (loss)							
	d	<del></del>		▶		)	un amér	* ` `	
Revenue	8a	Gross income from fundraisir	ng		i i	· \$	,		1
Vel		events (not including \$			5.00	*			1
		of contributions reported on lin See Part IV, line 18				**	*	*	
Other	b	Less: direct expenses	b		]		, s.		
	С	Net income or (loss) from fun		events . >					
	9a	Gross income from gaming ac					*		I
	_	See Part IV, line 19	_						!
	b	Less: direct expenses					- š ·		<u> </u>
	C	Net income or (loss) from gar		vities ▶		4			804
	IUa	Gross sales of inventory returns and allowances .	, iess · · a		<b>§</b>			*, * * * * * * * * * * * * * * * * * *	*
	ь	Less: cost of goods sold .			1			. A. J	
	С	Net income or (loss) from sale		entory ►		)		for soffice dimension of the second	
		Miscellaneous Revenue		Business Code					
	11a				***	<u></u>			
	b								
	С								
	d	All other revenue							
	e	Total. Add lines 11a-11d .				Ή			
	12	Total revenue. See instruction	ns	🕨	322,343	3	0	0	322,343

### 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).

	Check if Schedule O contains a respon	se to any question	in this Part IX		🗍
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	262,262	262,262		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	48,712	48,712		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	o			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	0			
9 10	Other employee benefits	0			
11 a b	Fees for services (non-employees):  Management	0			
c d e	Accounting	0			
f g 12	Investment management fees Other	0			
13 14	Office expenses	0			
15 16 17	Royalties	0 0			
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings.	0			
20 21	Interest	0			
22 23 24	Depreciation, depletion, and amortization.  Insurance	0			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b c					
d e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	0 310,974	310,974	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

_	art X	Balance Sheet			Page 11
			(A) Beginning of year	_	(B) End of year
	1	Cash—non-interest-bearing	384,471	1	390,792
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	3,700
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	,		26
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary	0	5	3
Assets	_	employees' beneficiary organizations (see instructions)	0	<u>6</u>	0
SS	7	Notes and loans receivable, net	0	7	0
•	8	Inventories for sale or use	0	8_	0
	9 10a	Prepaid expenses and deferred charges	0	9	1,300
	_	· · · · · · · · · · · · · · · · · · ·		2. Ž	
	b	Less: accumulated depreciation 10b 0		10c	0
ļ	11	Investments—publicly traded securities	1,403	11	1,743
l	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
l	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 34)	385,874	16	397,535
	17	Accounts payable and accrued expenses	0	17	3,700
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<u> </u>	
iat		•	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
•	24 25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	0	24	0
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	0	26	3,700
ces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		· 🥳	
au	27	Unrestricted net assets	385,874	27	393,835
Bal	28	Temporarily restricted net assets	0	28	3,700
פַ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.		12 E	MAN YEAR OLD A JODE
13	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	·-·	31	
A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
힐	33	Total net assets or fund balances	385,874	33	397,535
-	34	Total liabilities and net assets/fund balances	385,874	34	397,535

Page	1	2

01111 00	2 (2011)			,	<del>,</del>
Part	XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	<u></u>	$\checkmark$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,343
2	Total expenses (must equal Part IX, column (A), line 25)	2		310	0,974
3	Revenue less expenses. Subtract line 2 from line 1	3			1,369
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		385	5,874
5	Other changes in net assets or fund balances (explain in Schedule O)	5			292
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	İ			
	column (B))	6		397	7,535
Part	• • • • • • • • • • • • • • • • • • • •				_
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	· · · ·		
			F	Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual Other	-1	_   , *		λ
	If the organization changed its method of accounting from a prior year or checked "Other," expected the control of the control	olain i	ın   ^		~ }
_			0-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-		
b	Were the organization's financial statements audited by an independent accountant?				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent account			1,	
	If the organization changed either its oversight process or selection process during the tax year, ex			<del>  •</del>	* 3*
	Schedule O.	Pialli		3.	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar Wei	re l		,
a	issued on a separate basis, consolidated basis, or both:	ZI W CI			,
	✓ Separate basis Consolidated basis Both consolidated and separate basis				ź,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in 🎞	*  ·	llett
Ja	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th	<u> </u>	<del>  </del>	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	-	3b		l
-	, , , , , , , , , , , , , , , , , , , ,		Fo	rm <b>990</b>	(2011)
					,

### **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.

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

OMB No 1545-0047 2011 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 52-1304326

Kids Campaign Inc 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.) ☐ 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.) 6 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 11 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 e 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 II, Type III, or Type III supporting . . . . . 🗆 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 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) Provide the following information about the supported organization(s). (i) Name of supported (n) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of (vi) Is the in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support col (i) of your support? (i) organized in the governing document? above or IRC section US? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

•	01111 000 01 000 1111 1						,
Part II	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
Section A	A. Public Support		•		<u> </u>		
Calendar	year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total

Secti	on A. Public Support		<b>,-</b>		<b>,</b>		
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
•							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	-			S 00 W 40000	2000	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	V-280	<b>V</b> -	*	7.2	17.8%	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			¥ 4 : : : : : : : : : : : : : : : : : :		***	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere			_	ear as a sectio	
Secti	on C. Computation of Public Support						
14	Public support percentage for 2011 (line	• • • • • • • • • • • • • • • • • • • •	-	• • • •		14	%
15	Public support percentage from 2010 Sci					15	<u>%</u>
16a	331/3% support test—2011. If the organi						
	box and <b>stop here.</b> The organization qua	-	•	-			. • _
þ	331/3% support test—2010. If the organ check this box and stop here. The organ				-	15 18 33 /3%	
4-	•	-			_		. <b>&gt;</b> [
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts-	and-circumsta umstances" tes	inces" test, ch	eck this box ar	nd <b>stop here.</b> E	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization or supported organization	tion meets the	e "facts-and-ci s-and-circums	ircumstances" tances" test. 7	test, check th	nis box and <b>st</b> e	op here. a publicly
18	Private foundation. If the organization di				aor 17hobed	k this boy and	. ► L
.5	instructions	io not oneon a		, 100, 100, 170	a, o. 170, 01160	in this box and	. ▶ □

### 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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	376,672	360,211	284,973	365,165	322,318	1,709,339
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	0	0	0	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	376,672	360,211	284,973	365,165	322,318	1,709,339
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons .	.0	0	0	0	0	0
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	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	<u> </u>	0	0
8					* *		1 700 220
Cooki	line 6.)	3.4.77	<u> </u>	<b>*</b>	* <b>%</b> '-		1,709,339
	on B. Total Support  dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		376,672	360,211	284,973	365,165	322,318	1,709,339
9		370,072	300,211	204,973	303,103	322,310	1,700,000
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .	41,613	23,649	5,169	70	25	70,526
b	Unrelated business taxable income (less	41,013	23,043	3,103			7.0,020
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	o	o	0	o	0
С	Add lines 10a and 10b	41,613	23,649	5,169	70	25	70,526
11	Net income from unrelated business						- "
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	o	0	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,				<u> </u>		
	and 12.)	418,255			365,235		1,779,835
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u> </u>				<u> </u>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line		•	. ,,,,		15	96 %
16	Public support percentage from 2010 Sci			<u> </u>	<u></u>	16	95 %
	on D. Computation of Investment In					<del>-1 1</del>	
17	Investment income percentage for 2011 (					17	4 %
18	Investment income percentage from 2010					18	5 %
19a	331/s% support tests—2011. If the organ						
L	17 is not more than 33½%, check this box		-				_
b	331/3% support tests—2010. If the organize line 18 is not more than 331/3%, check this						
00	Private foundation If the organization di	-	_				_

	orm 990 or 990-EZ) 2011	Page 4
Part IV	<b>Supplemental Information.</b> 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).	
		<b></b>
••••		

### SCHEDULĘ D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

**Employer identification number** Name of the organization Kids Campaign Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year . . . . . Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the penodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

**b** Assets included in Form 990, Part X . . . . . . . . . . . . . . . .

Pa	qe	2

Part	III Organizations Maintaining	Colle	ctions of	Art, His	torical 1	<b>Treasures</b>	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and o	ther reco	rds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research			е	☐ Other	r			
С	☐ Preservation for future generations								
4	Provide a description of the organiza	tion's	collections	and expl	aın how t	hey further	the org	janization's exe	mpt purpose in Part
	XIV.								
5	During the year, did the organization	solicit	or receive	donation	ns of art,	historical tr	reasure	s, or other simi	lar
	assets to be sold to raise funds rather								
Part	IV Escrow and Custodial Arra					anization	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amour								
1a	Is the organization an agent, trustee included on Form 990, Part X?								
	If "Yes," explain the arrangement in P						• •		☐ Yes ☐ No
b	ii res, explain the arrangement in P	art Aiv	and comp	iete the it	Dilowing to	able:			Amount
С	Beginning balance						10		unoun
d	Additions during the year						10		
e	Distributions during the year						16		•
f	Ending balance						11		
2a	Did the organization include an amou								☐ Yes ☐ No
	If "Yes," explain the arrangement in P								
Par	t V Endowment Funds. Compl	ete if	the organi	zation ar	nswered	"Yes" to F	orm 9	90, Part IV, lin	e 10.
		(a) C	Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance								
b	Contributions								- Jan. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
c	Net investment earnings, gains, and								4 . Care \$4.54
	losses								
d	Grants or scholarships								3 3
е	Other expenditures for facilities and			]					
	programs	<u> </u>							
f	Administrative expenses			1			<del></del>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
g	End of year balance	L			/!: d =		.\\ L -   -		Jungla Files on
2	Provide the estimated percentage of the Board designated or quasi-endowme		-		e (line 1g	j, column (a	ı)) neia	as:	
a b	Permanent endowment	™ <b>~</b>		70					
C	Temporarily restricted endowment		%						
·	The percentages in lines 2a, 2b, and 2			00%					
3a	Are there endowment funds not in th				ization tha	at are held	and ad	ministered for t	he
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations							<i>.</i>	3a(ii)
b	If "Yes" to 3a(ii), are the related organ	ization	s listed as	required o	on Sched	ule R? .			3b
4	Describe in Part XIV the intended use								
Part	VI Land, Buildings, and Equip	oment	. See Forr	n 990, P	art X, lin	e 10.			
	Description of property		(a) Cost or o (investn			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land						* * , 7	, či -	
b	Buildings	. [							
C	Leasehold improvements	. [							
d	Equipment	. [							
<u>e</u>	Other				<u> </u>				
Total.	Add lines 1a through 1e. (Column (d) r	nust ed	qual Form 9	90, Part i	X, column	n (B), line 10	)(c).)	▶	

Part VII	Investments - Other Securitie	s. See Form 990, Part X	, line 12.		
(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) Financia	l derivatives				
(2) Closely-	held equity interests				
(3) Other					
(A)					
(B)					
(C) (D)		·			
(E)		-			
(F)					<del></del>
(G)		•-			
(H)			<del>-  </del>		
(l)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶	•	2 ¥3	#13" ·	
Part VIII	Investments-Program Relate		X, line 13.		
	(a) Description of investment type	(b) Book value	Cos	(c) Method of valuate or end-of-year man	
(1)					
(2)					
_(3)					
_(4)					<u> </u>
(5)		<u>-</u>			<u> </u>
(6)					
(7)					
(8)					
<u>(9)</u> (10)					
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	•	Wide o	Y Naka.	· * * * * * * * * * * * * * * * * * * *
-Part IX-	Other Assets. See Form 990, F				
		(a) Description			(b) Book value
(1)					
(2)		<del></del>			
(3)					
(4)					
(5)					<u></u>
(6)	18.1.717				A
(7)					
<u>(8)</u> (9)					
(10)					
	umn (b) must equal Form 990, Part X,	col. (B) line 15.)		▶	
Part X	Other Liabilities. See Form 996	), Part X, line 25.			
1.	(a) Description of liability	(b) Book value	line in the second	***	
(1) Federa	l income taxes			ž	
(2)					
(3)					
(4)					
(5)				i i	
(6)					
(7)					**************************************
(8)				1 3/A 1	· · · · · · · · · · · · · · · · · · ·
(10)					
(11)					
	(b) must equal Form 990, Part X, col (B) line 25.)	•			
	ASC 740) Footnote. In Part XIV, provid		to the organization's f	inancial stateme	ents that reports the

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

	nts	ancial Stateme	dited Fir	m Form 990 to Ai	ule D (Form 990) 2011  t XI Reconciliation of Change in Net	Part
322,243	1				Total revenue (Form 990, Part VIII, column	
310,974	2				Total expenses (Form 990, Part IX, column	
11,369	3	_		•	Excess or (deficit) for the year. Subtract lin	
(23)	4				Net unrealized gains (losses) on investmen	
	5				Donated services and use of facilities .	5
	6	[			Investment expenses	6
·	7				Prior period adjustments	7
(3,700)	8	[			Other (Describe in Part XIV.)	8
(3.723)	9				Total adjustments (net). Add lines 4 throug	9
7,646	10				Excess or (deficit) for the year per audited	
	Return	Revenue per l	nts With	inancial Stateme	t XII Reconciliation of Revenue per	Part
361,958	1			nancial statements	Total revenue, gains, and other support pe	1
	. 61.			VIII, line 12:	Amounts included on line 1 but not on For	2
	1,20		2a		Net unrealized gains on investments	а
	- <del>(</del> )	39,615	2b		Donated services and use of facilities .	b
	100		2c		Recoveries of prior year grants	С
			2d		Other (Describe in Part XIV.)	d
39,615	2e				Add lines 2a through 2d	е
322,343	3				Subtract line 2e from line 1	3
	东溪			not on line 1:	Amounts included on Form 990, Part VIII, I	4
	1		4a	VIII, line 7b	Investment expenses not included on Forn	а
			4b		Other (Describe in Part XIV.)	b
0	4c					С
322,343	5	<u>.</u>	12.)	orm 990, Part I, line	Total revenue. Add lines 3 and 4c. (This me	5
		h Expenses pe	12.) ents Wit	orm 990, Part I, line Financial Statem	Total revenue. Add lines 3 and 4c. (This me	
322,343 354,312		h Expenses pe	12.) ents Wit	orm 990, Part I, line Financial Statem ments	Total revenue. Add lines 3 and 4c. (This me XIII Reconciliation of Expenses pe Total expenses and losses per audited fina	
		h Expenses pe	12.) ents Wit	orm 990, Part I, line Financial Statem ments	Total revenue. Add lines 3 and 4c. (This mit XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For	art
		h Expenses pe	12.) ents Wit	Financial Statemments	Total revenue. Add lines 3 and 4c. (This multiple in the XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities	Part 2
		h Expenses pe	12.) ents Wit	orm 990, Part I, line Financial Statem ments	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part 1 1 2
		h Expenses pe	2a 2b 2c	orm 990, Part I, line Financial Statem ments	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part
354,312	r Return 1		2a 2b 2c 2d	orm 990, Part I, line Financial Statem ments	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part 1 1 2 a b c
354,312 43,338	r Return 1 2e		2a 2b 2c 2d	Financial Statemments  IN IN IN IN IN IN IN IN IN IN IN IN IN I	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	art 1 2 a b c d
354,312	r Return 1 2e 3		2a 2b 2c 2d	Financial Statemments  It, line 25:	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fine Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	art  1  2  a  b  c  d  e  3
354,312 43,338	r Return 1 2e		2a 2b 2c 2d	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	art 1 2 a b c d e 3
354,312 43,338	r Return 1 2e 3		2a 2b 2c 2d	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part  1  2  a  b  c  d  e  3  4
354,312 43,338 310,974	Return 1 2e 3	h Expenses pe	2a   2b   2c   2d	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part  1 2 a b c d e 3 4 a b
354,312 43,338 310,974	Return 1 2e 3	h Expenses pe	2a 2b 2c 2d 2d 4a 4b	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part  1 2 a b c d e 3 4 a b c
354,312 43,338 310,974	Return 1 2e 3	h Expenses pe	2a 2b 2c 2d 2d 4a 4b	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part  1 2 a b c d e 3 4 a b
354,312 43,338 310,974 0 310,974 1b and 2b;	r Return 1 2e 3 4c 5	43,338	2a   2b   2c   2d   4a   4b	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mid XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part 1 2 a b c d e 3 4 a b c 5 compl
354,312 43,338 310,974 0 310,974 1b and 2b;	r Return 1 2e 3 4c 5	43,338	2a   2b   2c   2d   4a   4b	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mines XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments.  Other losses.  Other (Describe in Part XIV.).  Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, Im Investment expenses not included on Form Other (Describe in Part XIV.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This in XIV.).  Supplemental Information plete this part to provide the descriptions reconstruction.	Part 1 2 a b c d e 3 4 a b c 5 Part 1
354,312 43,338 310,974 0 310,974 1b and 2b;	r Return  1  2e  3  4c  5  art IV, lines particular par	h Expenses pe	2a   2b   2c   2d	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mines XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part 1 1 2 a b c d e 3 4 a b c 5 Part V, ny ad
354,312 43,338 310,974 0 310,974 1b and 2b;	r Return  1  2e  3  4c  5  art IV, lines particular par	h Expenses pe	2a   2b   2c   2d	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mines XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part 1 1 2 a b c d e 3 4 a b c 5 Part V, ny ad
354,312 43,338 310,974 0 310,974 1b and 2b; art to provide	r Return  1  2e  3  4c  5  art IV, lines pa	h Expenses pe	2a   2b   2c   2d	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mines XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part 1 1 2 a b c d e 3 4 a b c 5 Part V, ny ad
354,312 43,338 310,974 0 310,974 1b and 2b; art to provide	r Return  1  2e  3  4c  5  art IV, lines pa	h Expenses pe	2a   2b   2c   2d	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mines XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part 1 1 2 a b c d e 3 4 a b c 5 Part V, ny ad
354,312 43,338 310,974 0 310,974 1b and 2b; art to provide	r Return  1  2e  3  4c  5  art IV, lines part lines par	h Expenses pe	ents Wit  2a  2b  2c  2d  4a  4b  9; Part III, lines 2d a	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mixibili Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments.  Other losses.  Other (Describe in Part XIV.).  Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, ling Investment expenses not included on Form Other (Describe in Part XIV.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This in Investment to provide the descriptions recover.) In Exiv Supplemental Information plete this part to provide the descriptions recover. Part XI, line 4; Part X, line 2; Part XI, line 8; Part XII additional information.  XI, 8: \$3,700 promise to give	Part 1 2 a b c d e 3 4 a b c 5 Part V, ny ad
354,312 43,338 310,974 0 310,974 1b and 2b; art to provide	r Return  1  2e  3  4c  5  art IV, lines part lines par	h Expenses pe	ents Wit  2a  2b  2c  2d  4a  4b  9; Part III, lines 2d a	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mines XIII Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part 1 2 a b c d e 3 4 a b c 5 Part V, ny ad
354,312 43,338 310,974 0 310,974 1b and 2b; art to provide	r Return  1  2e  3  4c  5  art IV, lines part lines par	h Expenses pe	ents Wit  2a  2b  2c  2d  4a  4b  9; Part III, lines 2d a	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mixibilial Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	art 1 2 a b c d e 3 4 a b c 5 art V, ny ad eart X
354,312 43,338 310,974 0 310,974 1b and 2b; art to provide	r Return  1  2e  3  4c  5  art IV, lines part lines par	h Expenses pe	ents Wit  2a  2b  2c  2d  4a  4b  9; Part III, lines 2d a	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mixibili Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments.  Other losses.  Other (Describe in Part XIV.).  Add lines 2a through 2d.  Subtract line 2e from line 1.  Amounts included on Form 990, Part IX, ling Investment expenses not included on Form Other (Describe in Part XIV.).  Add lines 4a and 4b.  Total expenses. Add lines 3 and 4c. (This in Investment to provide the descriptions recover.) In Exiv Supplemental Information plete this part to provide the descriptions recover. Part XI, line 4; Part X, line 2; Part XI, line 8; Part XII additional information.  XI, 8: \$3,700 promise to give	art 1 2 a b c d e 3 4 a b c 5 art V, ny ad eart X
354,312 43,338 310,974 0 310,974 1b and 2b; art to provide	r Return  1  2e  3  4c  5  art IV, lines part lines par	h Expenses pe	ents Wit  2a  2b  2c  2d  4a  4b  9; Part III, lines 2d a	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mixibilial Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	art 1 2 a b c d e 3 4 a b c 5 art V, ny ad eart X
354,312 43,338 310,974 0 310,974 1b and 2b; art to provide	r Return  1  2e  3  4c  5  art IV, lines part lines par	h Expenses pe	ents Wit  2a  2b  2c  2d  4a  4b  9; Part III, lines 2d a	Financial Statemments	Total revenue. Add lines 3 and 4c. (This mixibilial Reconciliation of Expenses per Total expenses and losses per audited fina Amounts included on line 1 but not on For Donated services and use of facilities. Prior year adjustments	Part 1 2 a b c d e 3 4 a b c 5 Part 1 Ompliant V, my add eart X

Schedule D (Fo	rm 990) 2011	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
•••••		
		·
		·

### SCHEDULE I

Grants and Other Assistance to Organizations,

OMB No. 1545-0047	Open to Dublic
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(066 1110-1)		Ğ	overnments,	and Individ	uals in the	Governments, and Individuals in the United States	S	200
Department of the Treasury Internal Revenue Service		S	Complete if the orgar	nization answered "Yes" to Fo ► Attach to Form 990.	'Yes" to Form 990, Form 990.	if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Name of the organization			į	:			Em	Employer identification number
Kids Campaign Inc.	Information	ign Inc. General Information on Grants and Assist	Accietance					52-1304326
1 Does the organ	ization maintai	n records to sub	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility for	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
the selection on	tena used to a	the selection criteria used to award the grants or assistance?	the selection criteria used to award the grants or assistance?	he use of grant fu	onds in the United	· ·		· · · · Yes No
	nd Other As	sistance to Go	vernments and	Organizations	in the United St	lates. Complete	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	swered "Yes"
3	990, Part IV, I	ine 21, for any	recipient that rec	eived more than	\$5,000. Check	this box if no one	to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000	nore than \$5,000.
Part II ca	n be duplicat	Part II can be duplicated if additional space	space is needed	- 1				<b>A</b>
1 (a) Name and address of organization or government	of organization nt	(e)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) See attached schedule	lule					-		
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
. 2 Enter total num 3 Enter total num	iber of section iber of other or	501(c)(3) and gorganizations lister	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	tions listed in the	line 1 table			<b>A</b>
ğ	on Act Notice, s	see the Instruction	ns for Form 990.		S	Cat. No 50055P		Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance sundries. Purchased at discount Marks Supermarket and WalMart \$25 gift cards for groceries and but redeemable for full \$25 face Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Recipient organizations are required to submit detailed listings of how donations were utilized. Board members make regular visits to program centers to inspect value. (e) Method of valuation (book, FMV, appraisal, other) programs and attendance, including summer camp programs, to ensure that program is operational. 0 (d) Amount of non-cash assistance 48,712 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 195 1 Gift certificates to indigent families to (a) Type of grant or assistance 2 help them celebrate the holidays. Part IV Part III ო 4 S 9

## Summary of 2011 Grants Full Year

NAME OF ORGANIZATION	ADDRESS	AMOUNT	DESCRIPTION
Hampden Family Center	1104-1108 West 36th Street, Baltimore, MD 21211	20,000	After School Enrichment Program for children grades 1-6
New Freedom Borough Recreation Board	49 E High Street, New Freedom, PA 17349	2,000	New Freedom Teen Time Program - supplies, sports equip, field trip transportation, etc
Maggie's Light Foundation	3 Doe Court, Phoenix, MD 21131	25,000	Camperships, respites and on-going support services for MD children with developmental disabilities & special needs
St. Thomas Aquinas School	Ave., Baltımore, MD	5,000	Monies allot to each teacher (\$500) for grades Pre-K-8th for field trips for students
Junior Achievement of Central Maryland	10711 Red Run Blvd., Owings Mills, MD 21117	%; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Enable 100 Baltimore City at-risk students to participate in JA's "Biz Town" experience
Next One Up Foundation	P O. Box 22503, Baltimore, MD 21203	1.000	Enable 10 underprivileged Baltimore City youth to particpate in the Metro Lacrosse Camp-Summer Bounce Program in New Hampshire
St. Vincent dePaul of Baltimore	2305 N. Charles Street, Ste. 300, Baltimore, MD 21218	12,500	"Camp St. Vincent" Camperships for 33 underprivileged children
The Maryland Zoo in Baltimore	1876 Mansion House Drive, Baltımore, MD 21217	3,450	"Maryland Zoo Summer Camp" camperships for 10 underprivileged children
Fund for Social Welfare	6401 York Road, Ste. 1029, Baltimore, MD 21212	2,000	Camperships for 10 Baltimore County underprivileged children to attend one of the summer camps outlined in their proposal
Parks & People Foundation	e, Ste 010,	5,000	"Super Kids Camp" - educational materials, cirriculum development and transportation
Learn N' Play Summer Day Camp	647 Coleraine Road, Baltimore, MD 21229	20,000	Camperships to enable 80 underprivileged children to attend a 6-week summer camp
Nathan Carter School of Music	2100 North Monroe Street, Baltimore, MD 21217	15,000	Tuition cost and materials and supplies to enable 115 underprivileged children to attend summer ensemble program
Baltmore Educational Scholarship Trust	808 North Charles Street, Baltimore, MD 21201	000'61	Tuition support for the P1-2nd grade students outlined in their proposal
Camp SuperKids	P.O. Box 96, Maryland Line, MD 21105	5,000	Camperships for underprivileged children with severe asthma to attend camp
Helping Up Mission	1029 East Baltimore Street, Baltimore, MD 21202	000.6	camperships for 20 underprivileged children to attend Camp Wabanna

# Summary of 2011 Grants Full Year

	2901 Drilld Park Drive Ste A200	,	Camperships for 10 disadantaged children to attend their 5-
Choo Smith Youth Empowerment, Inc.	Baltimore, MD 21215	9,050	week basketball camp
Cal Ripken Sr. Foundation	1427 Clarkview Road, Ste. 100, Baltimore, MD 21209	10,000	Badges for Baseball Program to purchase equipment and uniforms for 100 disadvantaged kids
Basketball Camp - RPCS	4826 Forge Acre Drive, Perry Hall, MD 21128	200	Funds to purchase t-shirts and water bottles for the inner city children who particpate in this basketball camp
Pimlico Road Youth Program	4236 Pimlico Road, Baltimore, MD 21215	00019	Funds for costs of educational trips, physical recreation and transportation for their 5-week Summper Camp Program
The Youth Club of Westhills	5010 Briarcliff Road, Baltimore, MD 21229	20,675	Camperships for 75 underprivileged children living in Southwest Baltimore to attend their Suummer Fun Enrichment Camp
Camp Variety	4501 Farring Court, Baltimore, MD 21225	2,500	Funds to purchase t-shirts for 85 campers and for an education trip
Woodberry Crossings	925 Stablersville Road, Parkton, MD 21120	2,000	camperships for 20 underprivileged children to attend their summer camp program.
St. Frances Academy - Peace Camp	501 East Chase Street, Baltimore, MD 21212	1,250	funds for t-shirts for campers, bus trip to D.C., admission to municipal pool and afternoon snacks
Amazing Grace Evangelical Lutheran Church - Summer Camp 2011	2424 McElderry Street, Baltimore, MD 21205	2,410	Funds to purchase learning supplies for their summer camp
Morning Star Baptist Church - Summer Camp	1063 West Fayette Street, Baltimore, MD 21223	4,000	Camperships for underprivileged children in their community
Camp Umoja, Inc	815 Hampton Lane, Towson, MD 21286	1,500	Funds to use toward meals for campers
Faith Evangelical Lutheran Church - Summer Camp	1900 East North Ave., Baltimore, MD 21213	4,000	Funds to for meals, field trips and transportation for campers.
St Frances Academy	106 W Clay Street, Baltimore, MD 21201	1,300	Funds for Halloween Party and Haunted House for disadvantaged children in their community.
Lifelines Foundation, Inc.	106 W Clay Street, Baltimore, MD 21201	092'8	Funds for their holiday party on 12/10/2011 for1 150 native American Indian children living in Baltimore City
Institute for Life Enrichment	5601 Loch Raven Blvd., Suite 301, Baltimore, MD 21239	000'S~~~	Funds to provide holiday gifts and food for 50 needy families in their organization
Living Word Ministries	6709 Whitestone Road, Baltimore, MD 21207	2,000	Funds to provide holiday gifts and food for 50 needy families in their community
Harford Family House	53 E. Bel Air Avenue, Ste. 3, Aberdeen, MD 21001	000'6	funds to purchase clothing for 30 school aged children in their tranisitional housing program

# Summary of 2011 Grants Full Year

	2104 Maryland Ave, Baltimore, MD		funds to purchase holiday gifts for 200 needy children at \$30
Institute for Behavior Resources	21218		per child
University of Maryland Foundation's Family	1701 Madison Ave., Baltimore, MD		funds to cover expenses for holiday party for 200
Connections	21217	5,777	disadvantaged children their parents and grandparents
	2225 N Charles Street, Baltimore,		funds to purchase holiday gifts for 25 of their client's children
Mosaic Community Services	MD 21218	1,250	1,250 ages 11 and under
	2001 Park Ave., Baltimore, MD		funds to purchase holiday gifts for 150 children who attend the
Reservoir Hill Improvement Council, Inc.	21217	3,000	ি 33000 John F. Howard Elementary School
÷	3643 Woodland Avenue, Baltimore,		funds to purchase holiday gifts for 200 children in their
Gaudenzia, Inc.	MD 21215	5,000	program
	6401 York Road, Ste 1029,	4	funds to purchase supplies for holiday party for
Fund for Social Welfare	Baltimore, MD 21212		inderpriviledged families
TOTAL GRANTS		262,262	

WalMart Stores		, 20,000	20,000   purchase gift cards for listener letters
	less undistributed gift cards	-200	
Mars Supermarkets		30,012	30,012 purchase gift cards for listener letters
	less undistributed gift cards	009-	
TOTAL GIFT CARDS		48,712	

TOTAL DISTRIBUTIONS: GRANTS PLUS	X	A ye was a second of the secon	
GIFT CARDS	**************************************	310.974	

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Kids Campaign Inc.

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.

Employer identification number 52-1304326

Part VI, 1a and 1b, difference in voting parties: Board of Directors is comprised of 9 total members, all with equal voting rights and
obligations. 8 members are drawn fro the sponsoring entity, WBAL Radio, and it's parent and affiliated entities. The 9th member is
an independent party, not affiliated with the sponsoring entity.
Part VI, 11, Review of Form 990: The complete audited financials and the completed Form 990 are distributed to the full Board of Directors
for review and comment, prior to submission. If insufficient members are able to convene for an in-person review, copies are distributed
electronically and replies from all members are collated and answered prior to final Form 990 filing.
Part VI, 19, Public documents: All governing documents and financial statements are maintained in the administrative offices and made
available for public inspection upon request. Individuals may walk-in and review originals while remaining on premises, or may obtain
electronic copies by submitting a written request to the Treasurer or Secretary.
Part XI, 5, Other Changes: \$292 net change in investments

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

1545-0047	
ġ	
OMB	

Related Organizations and Unrelated Partnerships

▶ See separate instructions. ► Attach to Form 990.

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

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Employer identification number

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 (f)
Direct controlling
entity Ŷ Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes 52-1304326 (f)
Direct controlling
entity (e) End-of-year assets Type III Other N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501c3 (c)
Legal domicile (state or foreign country) Cat. No. 50135Y (c)
Legal domicile (state or foreign country) (b) Primary activity ð Community Fin Aid (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization (1) 98 Rock & Recovery Fund Inc. 3800 Hooper Avenue, Baltimore MD 21211 Kids Campaign Inc. J. Partl Part II Ξ € 9 ন € <u> 0</u> 9 2 ව ව

Code   Code	because it had one or more related organizations treated as a partnership during the tax year.)					,	, ,				-
19   19   19   19   19   19   19   19	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income		(h) - Disproportionate allocations?		General or managing partner?	(k) Percentage y ownership
	1)									Yes	
	2)										
	3)										-
2	()										
	(6										
2 2	0										
	(										
2		ation of Related Organizal ecause it had one or more re	tions Ta	xable as a Co rganizations tre	rporation or Trus	t (Complete ation or trust	if the organiz during the ta	ation answ x year.)	ered "Yes" to	Form 990, F	art IV,
	Name, addres:	(a) s, and EIN of related organization		(b) Primary activ	nty Legal c (sta	(c) domicile ate or country)	(d) sct controlling entity (	(e) Type of entity C corp, S corp, or trust)	(f) Share of total income	(9) Share of end-of-year assets	(h) Percentage its ownership
ω											

990) 2011  ansactions With Related Organizations (Complete if the organization answer
dule R (Form 990)

Note. Comple	Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes No	0
1 During th	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	organizations listed	in Parts II–IV?	,	3.00 	2
a Receipt	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	<b>✓</b>	
<b>b</b> Gift, grar	Giff, grant, or capital contribution to related organization(s)			- 1	/	
c Gift, grar	Gift, grant, or capital contribution from related organization(s)			- 1	/	
d Loans or	Loans or loan guarantees to or for related organization(s)			. 1d	<i>&gt;</i>	
e Loans or	Loans or loan guarantees by related organization(s)			<b>9</b>	>	
					<b>12</b> ,	
f Sale of a	Sale of assets to related organization(s)			<b> </b> =	>	
g Purchase	Purchase of assets from related organization(s)			19	>	
	Exchange of assets with related organization(s)			<b>=</b>	>	-
i Lease of	Lease of facilities, equipment, or other assets to related organization(s)			<b>=</b>	>	
					200	
j Lease of	Lease of facilities, equipment, or other assets from related organization(s)			<b>:</b>	<b>/</b>	
k Performs	Performance of services or membership or fundraising solicitations for related organization(s)			<b>+</b>	/	
Performs	Performance of services or membership or fundraising solicitations by related organization(s)	•		<b>=</b>	`>	
m Sharing o	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Ē	`>	
n Sharing	Sharing of paid employees with related organization(s)			Tu	`	<b>√</b> l
				1		· , ,
o Reimbur	Reimbursement paid to related organization(s) for expenses			<b>.</b>	<b>&gt;</b>	、l.
p Reimbur	Reimbursement paid by related organization(s) for expenses			<b>₽</b>	<b>&gt;</b>	را
				7		<u>\$</u> 1.
q Other tra	Other transfer of cash or property to related organization(s)			<b>₽</b>	>	
r Other tra	Other transfer of cash or property from related organization(s)			<b>-</b>	>	
2 If the ans	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	, including covered	relationships and trans	saction thre	splods.	
	(a)	<b>(</b> 2)	9	9	_	
	Name of other organization	Transaction type (at)	Amount involved	Method of determining amount involved	letermining nvolved	o,
98 Rock & Re	98 Rock & Recovery Fund Inc. Shared facilities and common membership on Board of Directors	k, l, m	under \$50,000 FMV	FMV		
(2)						J
(3)						1
(4)						l
·(5)						l
(9)						
			Sche	Schedule B (Form 990) 2011	n 990) 201	Ξ۱

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

									l	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	Share of	Share of	(h) Disproportionate	Code V—UBI	General or	(k) Percentage
		(state of foreign country)	unrelated, excluded from tax under	501(c)(3) organizations?			diocations	of Schedule K-1 (Form 1065)	partner?	owner smile
			section 512-514)	Yes No			Yes No	Ţ	Yes No	
(1)										
(2)										
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								Sche	Schedule R (Form 990) 2011	n 990) 2011

Schedule R (F	Form 990) 2011	Page
Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	•
		<del>-</del>