

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury internal Revenue Service

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

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

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

Open to Public :

	A	For the 2011 c	alendar year, or tax year be	eginning 06	/01/11 , and ending $05$	/31/1	2			
	<b>B</b> , 0	heck if applicable.	C Name of organization					D Emplo	yer identific	ation number
	<u>.</u> ! '	ddress cnarge		ILD FOUN	DATION, INC			0.2	1140	600
	۸ لِـــ	lame change	Doing Business As  Number and street (or P O box if	mail is not delivere	on street universe		Room/suite		- 1148	808
		rual return					500			-4084
	Π <sub>1</sub>	eminated	City or town state or country, and	<del></del>			300	30.	3-030	-4004
	r 1	mended return	PORTLAND		OR 97205			G Gross nec	to f	2,340,897
	$\equiv$		F Name and address of principal off	icer:				G GOSS IR.	- c 21da	~ ~
	_ ] *	oppication pending	•				H(a) is the ag	roup return for	affiliates?	Yes X No
							H(b) Are all ad	filiates includ	ed7	Yes No
							H TNO	o," attech a lis	t (see instru	Alons)
	1	Tax-exempt status	X 501(c)(3) 501(c)	( ) ◀□	nsert no ) 4947(a)(1) or 5.	27				
	]	Mebsito 🕨 M	WW.CHILDFOUNDA	TION.OF	lG		H(c) Group ex	emption numi	ber 🕨	
	K !	Form of organization	X Corporation Trust	Association	Other >	L Ye	ear of formation 1	994	M State of	legal compole
	<u> P</u>	àrti Su	ımmary			"v				
	)	1 Briefly de	escribe the organization's mis	sion or most s	ignificant activities					. , .
	8	HUMA	NITARIAN AID	•					. ,	
	Activities & Governance									
	Ven				المراج والمواجع الراباني			, ,		
	ő		_		d its operations or disposed of mon	e than 25	% of its net as:	sets	1 -	
	<sup>කු</sup> ජ		of voting members of the gov		• • • •		•	3	<u>5</u>	
	Š		of independent voting member	-		•	~	5	10	
	3		mber of individuals employed		ar 2011 (Part V, line 2a)	•		6	50	
	¥		mber of volunteers (estimate	-	umn (C) Ima 12	- • •		7a	- 30	0
	İ		elated business revenue from lated business taxable incom			•		7b		
		D Net une	ialed business laxable incom	e nom rom s	30-1, me 34	L	Prior Ye		С	urrent Year
		8 Cantribu	tions and grants (Part VIII, lin	ie 1h)		. [	2,21	7,632	2	,302,875
	'n	9 Program	service revenue (Part VIII. II	ne 2(g)	· ·			0		0
	Revenue	10 Investme	ent income Part VIII. column	(A) lines 3, 4,	and 7d)	ļ.		556 8,106	<u> </u>	502
	<b>3</b> 2	11 Other re								37,520
		12 Total new	Pehue Apada lipresta tombulgh 1	(must equal	Part VIII, column (A), line 12)			6,294		,340,897
		- 11	nd similar amounts paid (Pai		•	- · ·	1,44	<u>6,353</u>	1	,513,696
			paid to or for members (Part			- }	37	$\frac{0}{7,110}$	<del>                                     </del>	438,350
	ses				art IX, column (A), lines 5–10)	· -		7,110		_ <del></del>
	Expenses		onal fundraising fees (Part IX				San Marian			
	EX	i .	idraising expenses (Part IX, o penses (Part IX, column (A),			· · F		1,947	1	809,502
			penses. Add lines 13–17 (mu		-	·		5,410	2	,761,548
			e less expenses. Subtract line			·		9,116		-420,651
<u> </u>	7 8						Beginning of Cu		<del></del>	nd of Year
2012	sets or	20 Total as:	sets (Part X, line 16)	•		.		3,326		181,257
	24 A	21 Total hal	pilities (Part X, line 26)					3,236		198,653
4	<u> </u>		ets or fund balances. Subtrac	t line 21 from l	ine 20		41	0,090	<u> </u>	-17,396
~	-		ignature Block	1 14				ost of our b		and below it to
NON	Ur tr:	nder penalties of ie correct and o	penury, i declare that I have exa complete. Declaration of prepare	imined this retur r (other than offic	n including accompanying schedules ar cer) is based on all information of which	ng stateme preparer h	ents, and to the t has any knowled	iestormy k de.	nowecge a	no belief, it is
23			By. M	\ _	,	<u> </u>			10/1	5/1a
<i>(</i> =	Sig	ın 📗	Signature of afficer					Dete		
(ليس) الأنا	He		DR. PEYMAN RA	OOFI	E	RESI	DENT			
GUNEY.			Typo or print name and tide	-						
27		Print/Ty	oe preparer's name		Preparer's signature		Date	Check	, T P	TIN
03	Paid	20374	M HAASE, CPA		SUSAN M HAASE, CPA		10/12	1/12 self-er		00078307
(,)		parer Firm's n						Firm's EIN	20-	-5664372
\.	Use	Only			NT BLVD STE 309				<b>.</b>	
		Firm's a			CISCO, CA 94080-	1931		Phone no	650-	-588-5221
			ss this return with the prepare							Yes No
	For	raperwork R	eduction Act Notice, see th	e separate ins	structions.					Form 990 (2011)

orm 990 (2011) CHILD FOUNDATION,	INC	93-114860	18	Page 1
Part III Statement of Program Servi Check if Schedule O contains		n this Part III		П
Bnefty describe the organization's mission:	<u> </u>		·	
HUMANITARIAN AID				
•				
		• •	•	• •
Did the organization undertake any significant p	program services during the year wh	ch were not listed on	the	
prior Form 990 or 990-EZ?	,			Yes X No
If "Yes" describe these new services on Scheo				
3 Did the organization cease conducting, or make services?	e significant changes in how it condu	icts, any program		Yes X No
If "Yes," describe these changes on Schedule	· ·		• •	
Describe the organization's program service ac expenses. Section 501(c)(3) and 501(c)(4) orga grants and allocations to others, the total exper	complishments for each of its three inizations and section 4947(a)(1) true	sts are required to rep	port the amount of	
4a (Code. ) (Expenses \$	including grants of \$		) (Revenue \$	2,340,896
SEEK PROGRAM ACCOMPLISHM	ENTS UNDER ADDITION	NAL INFO	<u>*</u>	*
<b>&gt;</b>			•	
		*	•	-
	•	,		,
•	· · · ·		•	42 4 4
• •		•	٨	
•		·		
v				
b (Code ) (Expenses \$	including grants of \$		) (Revenue \$	
			<b>&gt;</b> •	
	•	v • •		*
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	ę	• •		
,			•	•
	• • •	•	- *	•
	,	,	•	
c (Code ) (Expenses \$	including grants of \$		) (Revenue \$	
, (2000 ), (20pando)		•		
			•	-
		•		,
	• •	•	• •	
	., . , ,,,,		,	••
			•	-
4d Other program services. (Describe in Schedule		696 ) (Revenue	¢	,
(Expenses \$ 1,995,956 inclived Total program service expenses ▶	uding grants of \$ 1,513, 1,995,956	COC ) (Revenue	<u>v</u>	
	. <del></del>			

Form	1 990 (2011) CHILD FOUNDATION, INC 93-1148608		P	age 3
<u>Pa</u>	irt IV Checklist of Required Schedules		T	
			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	X	x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-   -		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	<b> </b>	
*	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	x
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.	<u> </u>		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ŀ		
	"Yes," complete Schedule D. Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		,	]
•	complete Schedule D Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	- 1		
	complete Schedule D, Part IV	9		Х
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-		1
	VII, VIII, IX, or X as applicable	-	*	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes,"			
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	├	X
d			İ	.,
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	+	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	X	<del> </del> -
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<del> </del>	1
12a		12a	x	
	Schedule D, Parts XI, XII, and XIII	120	1	t
Þ		12b		X
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	13	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	-
14a	the MAC 000 from months of the	- 1.0	<del>                                     </del>	<del>                                     </del>
b	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	146	X	ł
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	-		
15	organization or entity located outside the United States? If "Yes," complete Schedule F. Parts II and IV	15	X	L
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			Г
,,,	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part VIII, lines 1c and 8a? If "Yes." complete Schedule G. Part II

If "Yes " complete Schedule G, Part III

X

X

18

19

20a

20b

18

19

20a

Pa	art IV 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		Х
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		х
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		ļ		ĺ
	employees? If "Yes," complete Schedule J		23		х
24a					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				ĺ
	through 24d and complete Schedule K. If "No," go to line 25		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
Ç	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		i
đ	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	•	24d		
25a					
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	, , ,			_ <del></del> -
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l	ĺ
	If "Yes," complete Schedule L. Part I		25b	- 1	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	••	100		<del></del> -
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			$\neg \neg$	<del></del>
•	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ļ	l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	• •-			<del></del>
20					
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer director, trustee, or key employee? If "Voc." complete Schedule I. Bart IV.		28a		х
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	** * * **	204		1
b	Schedule L, Part IV		28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		200		-
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	• •	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	*	23		<u> </u>
30	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	•	<del></del>		
<b>J</b> 1	Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	· ·	<u> </u>		<del></del>
32	complete Schoolule N. Doot II		32		Х
33	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	• •	-33		
34			34		х
25-	IV, and V, line 1		35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the		334		
þ	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		x
25	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		330		
36	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	•	-30		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,				ĺ
	Part VI		37		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	• •	\ <u>"</u>		<del>                                     </del>
38	19? Note. All Form 990 filers are required to complete Schedule O		38	х	1
	19. Now. All 1990 life's die required to complete outlations O			- 990	1

Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				X
		Official in defice date of contains a people to daily question in time y are v	· • • • • • • • • • • • • • • • • • • •		Yes	No
1a	Enter the	number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		1	
ь		number of Forms W-2G included in line 1a. Enter -0- if not applicable	†b			1
С		organization comply with backup withholding rules for reportable payments to vendors and				1
		e gaming (gambling) winnings to prize winners?		1c	X	ĺ
2a	-	number of employees reported on Form W-3, Transmittal of Wage and Tax	î i '	,		<u> </u>
		nts filed for the calendar year ending with or within the year covered by this return	2a 10	ľ	, ,	ĺ
ь		t one is reported on line 2a, did the organization file all required federal employment tax ret		2b	х	
		he sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				
3a		organization have unrelated business gross income of \$1,000 or more during the year?	,	3a	1 1	х
b		has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a		the during the calendar year, did the organization have an interest in, or a signature or othe	r authority	12		
74	-	nancial account in a foreign country (such as a bank account, securities account, or other t	-		1	l
	account)		n Linear	4a	x	
b		enter the name of the foreign country > SEE SCHEDULE O	•	7.	,	
		outlions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia	al Accounts		ľ	
5a		organization a party to a prohibited tax shelter transaction at any time during the tax year?	3.7.1000 47.13	5a		х
b		taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	5b		X
	-	o line 5a or 5b, did the organization file Form 8886-T?	accourt:	5c		<del></del>
Ç.		· · ·	the	- 50		_
6a		e organization have annual gross receipts that are normally greater than \$100,000, and did	(i)e	6a	i	х
	_	tion solicit any contributions that were not tax deductible?		- Oa		
Þ		did the organization include with every solicitation an express statement that such contribut	ions or	6b		1
	•	e not tax deductible?		- 65		<b></b>
7		ations that may receive deductible contributions under section 170(c).	canda		i	1
a		organization receive a payment in excess of \$75 made parity as a contribution and parity for	goods	7a		х
		nces provided to the payor?		7b		
Þ		did the organization notify the donor of the value of the goods or services provided?		70		$\vdash$
¢		organization sell, exchange, or otherwise dispose of tangible personal property for which it v	4d5	7c		х
		to file Form 8282?	`   7d	16		
d		indicate the number of Forms 8282 filed during the year	<u> </u>	7e		х
6		organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7f	<del>                                     </del>	X
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit con		7g	·	-
9		ganization received a contribution of qualified intellectual property, did the organization file F		7 <u>9</u> 7h		<del> </del>
h		ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		'''		1,
8	•	ring organizations maintaining donor advised funds and section 509(a)(3) supporting		١.	, ' !	**
	_	ations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	y y	8		x
_	-	tion, have excess business holdings at any time during the year?		<u> </u>	<del></del>	<u> </u>
9		ring organizations maintaining donor advised funds.		9a	'	x
a		organization make any taxable distributions under section 4966?		9b		$\frac{\lambda}{x}$
ь		organization make a distribution to a donor, donor advisor, or related person?		30	$\vdash$	-
10		501(c)(7) organizations. Enter:	140-1			ĺ
a		fees and capital contributions included on Part VIII, line 12	10a		1	
b		eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		501(c)(12) organizations. Enter.	[aas]	- 1		1
а		come from members or shareholders	11a			1
ь		come from other sources (Do not net amounts due or paid to other sources	445	- 1		
		amounts due or received from them.)	116	┥.,_		
12a		4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	[ [	12a		<del>                                     </del>
b	•	enter the amount of tax-exempt interest received or accrued during the year	12b	$\dashv$		
13		501(c)(29) qualified nonprofit health insurance issuers.		43.	<b> </b>	<del>  -                                    </del>
a		ganization licensed to issue qualified health plans in more than one state?		13a	<del> </del>	$\vdash$
		ee the instructions for additional information the organization must report on Schedule O.				1
þ		e amount of reserves the organization is required to maintain by the states in which	1 1	1		1
	_	nization is licensed to issue qualified health plans	13b	$\dashv$		
¢		e amount of reserves on hand	_13c	+	<del> </del>	1-
14a		organization receive any payments for indoor tanning services during the tax year?		14a	<del> </del>	X
<u>_b</u>	If "Yes,"	has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ule O	14b	000	
DAA				Fo	m 99(	(201) و

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 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 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7h Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 82 The governing body? X 8ь Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, WA, OR, VA, OH, MI, NJ, NY, GA, WI, IL 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. > CHILD FOUNDATION INC 1220 SW MORRISON SUITE 500 PORTLAND OR 97005 503-224-0490

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - . List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
   List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest
  compensated employees, and former such persons

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

(A) Namo and Titla		box	c, unit	Pos neck ss pe	rson i recto	the both Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
• •	EYEDALI									_
CHAIRMAN & TREASURER	10.00	X	<u> </u>	X	_			0	0	0
(2) DR. PEYMAN RAOOF		,,		,,				o	О	0
PRESIDENT (3) DR. ASAD AZEMI	17.50	X	-	X		$\vdash$		<u> </u>	U	0
SECRETARY	10.00	х		x				0	o	0
(4) DR. AKBAR FARAHA		1	-		_			Y.		<u> </u>
VICE CHAIRMAN	10.00	х		x				o	0	0
(5) DR. ALI EYDGAHI										
BOARD MEMBER	5.00	Х		X				<u> </u>	0	0
(6) HEGANMEH KAZEMI										
OFFICE M/ CONTROLLER	40.00		<u> </u>	<u> </u>	X			55,535	0	0
(7)									!	
(8)										
(9)										
(10)										
(11)		-	_							
(12)		-		-	-					
(13)		-								
(14)		<del>                                     </del>	-	-						<del></del>

	(A) Name and talo	(B) Average hours per week (describe hours for	of:	x, uni	Pos check ess pe nd a	rsen :	than o	an (ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-21099-MISC)		(F) Estima amour othe omporte from	ted it of if sation	
		related organizations in Schiedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,		organiza and ret organiza	ated ated	
(15)	4					<u> </u>								
(16)														
(17)	······································					<u> </u>						······································		<del></del>
(18)							-	_						
(19)	v 4 4 • v •													
(20)	,					<u> </u>						<del></del>		
(21)				$\vdash$						——————————————————————————————————————				
(22)			-	-						Nac - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
(23)	,								····	<u>.</u>				
(24)						-						······································		
(25)			<u> </u>	-		<u> </u>								
1b	Sub-total				<u> </u>	<u> </u>	J	<b>&gt;</b>	55,535					
с d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	on A	A .		•	<b>&gt;</b>	55,535					
2	Total number of individuals (in reportable compensation from	-		d to	thos	e lis	ted a	bov	re) who received more than	\$100,000 in				
				•							ſ	s.	Yes	No
3	Did the organization list any fi employee on line 1a? If "Yes,	* complete Sche	dule	J fo	rsuc	h in	divid	ual		•	ļ	3		x
4	For any individual listed on lin organization and related organ	e 1a, is the sum nizations greater	of n	epor   \$15	table 50,00	con 10? I	npen f "Ye	satio	on and other compensation complete Schedule J for sur	from the ch			*	
5	individual  Did any person listed on line	ta receive or ac	crue	com	pens	satio	n frai	m ai	ny unrelated organization or	ndividual .	}	4		X
Sac	for services rendered to the option B. Independent Contraction		es."	con	plete	e Sc	hedu	le J	for such person	· · · · · · · · · · · · · · · · · · ·		5		X
1	Complete this table for your fi	ive highest comp												
	compensation from the organ	(A) thusness address	JIII	ПЗа	LIOIT	iOi ti	15 Cc	T		(B) Son of services	501	Co	(C) mpensat	ean .
A	NGELI LAW GROUP LL	C				121	. s		MORRISON, SUITE					
***********	ORTLAND ANE POWELL PC	OF	9	72		142	0	+-	LEGAL FEES FTH AVE., SUITE	4100		<u></u>	252	708
	EATTLE	WZ	. 9	81		172			FIN AVB., DOLLE	1100			168	, 242
										-				
2	Total number of independent		_						ose listed above) who	-				
	received more than \$100,000	or compensation	) ITO	<u>ינו ודי</u>	e or	aniz	auor	1 🚩		2			990	

Pa	rt VI	ll Staten	ent of Reve	nue							
							(A) Total revenue	(8 Relate axan funct never	d or hpt ion	(C) Unrelated trusiness revenue	(D) Revenue excluded from tax under sections 512 513 or 514
25 (2)	4 -			4. 1				78461	N.C		372 313 0 314
百萬		Federated car		1a							
ចឱ		Membership d	•	1b					ŀ		
₽¥		Fundraising ev	i	1c		-			j		
호텔		Related organ		1d	<del> </del>						
5.5		Covernment grants		10					I		
흥능	f	All other contribution			_				,		
호		and similar amounts	HOLEHOUSES SDOVE	11		302,875	*	•	·		~
Contributions, Gifts, Grants and Other Similar Amounts	-		is included in lines 1a-	1:	\$		• • • • •	٠.		* '	,
$\overline{C}$	<u>h</u>	Total. Add line	s 1a-1f			•	2,302,875				
Service Revenue	Busn. Codo										
8	2a										
2	b										
흦	c						······································				
33	d										
E	e	,		. ,							
Program	f	All other progr	am service reve	nue							
ا ته	g	Total. Add line	es 2a-2f			<b>•</b>					
	3	Investment inc	come (including	divider	ids, intere	st,					
- [		and other simi	lar amounts)			_ , ▶	502		502		
l	4					roceeds 🕨					
1	5	Royalties				<u> </u>					
		-	(ı) Real		(ii) F	'ersonal				,	٠
- 1	6a	Gross rents					۰۱ د خير ه			8 4 ,	
1	ь	Less, rental exps.								*	
	С	Rental inc. or (loss)							#1 /a		,
	đ	Net rental inco	ome or (loss)			, >					
	7a Gross amount from (i) Securities (ii) (		Other								
		sales of assets other than inventory						*	4		
	ь	Less post or other				· · · · · · · · · · · · · · · · · · ·	,		6.m	*	7
		basis & sales exps.								`.'	
	c	Gain or (loss)									
		Net gain or (lo	ess)			<b></b>					
		-	om fundraising eve	ents							,
Revenue		(not including \$						<i>:</i>			
ove		-	reported on line 1c	)							
		See Part IV, line	•	a		41,365		;		*	, •
Other	b	Less, direct e		b		24,959	·	.,		•	
ō			(loss) from fund	draising	events	, <b>&gt;</b>	16,406	İ			
			om gaming activitie								
		See Part IV, line		а				}			1
	b	Less, direct e	xpenses	b							
			r (loss) from gar	ning ad	zivities	<b>&gt;</b>					
			f inventory, less								
		returns and a		а	l		,	,		-	:
	Ь	Less: cost of	goods sold	b							
	ı		r (loss) from sale	es of in	ventory	<b>&gt;</b>					
			cellaneous Revenue			Busn. Code				,	
	11a		·····				21,114		21,114		
	ь										
	c			•							
	d	All other reve	nue .	•	•						
	e	Total. Add lin	es 11a-11d			<b></b>	21,114		,		
_			e. See instruction	ns.			2,340,897	<u> </u>	21,616	0	0
											000

#### 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 response t	to any question in this Part	IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total experses	expenses	general expenses	oxpanses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			İ	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	1,513,696	1,513,696	,	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			""	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	373,743	256,257	64,820	52,666
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	28,583	10,026	5,141	13,416
10	Payroll taxes	36,024	22,555	8,280	5,189
11	Fees for services (non-employees)				
a	Management				
b	Legal	554,110	47,865	506,035	210
c	Accounting	11,800		11,800	
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	16,839	8,555	6,810	1,474
12	Advertising and promotion	8,572	722	375	7,475
13	Office expenses	31,628	24,330	779	6,519
14	Information technology	25,770	23,690	990	1,090
15	Royalties				
16	Occupancy	38,833	25,101	4,241	9,491
17	Travel	4,523		4,489	34
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,626	4,739	4,834	53
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,395	1,927	184	284
23	Insurance	4,432	612	3,507	313
24	Other expenses. Itemize expenses not covered	1			
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O.)				
а	BANK AND MERCHANT FEES	50,082	25,367	23,938	777
ь	MARKETING	27,304	17,451	1,097	8,756
¢	TELEPHONE	8,902	5,187	775	2,940
đ	LICENSES	5,439	3,697	1,742	
е	All other expenses	9,247	4,179	4,369	699
25	· · · · · · · · · · · · · · · · · · ·	2,761,548	1,995,956	654,206	111,386
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundralsing solicitation Check here ► If following SOP 98-2 (ASC 958-720)				Farm 990 (2011)

			(A) Beginning of year		(B) End of year
-non-interest bearing		<del></del>	122,430	1	116,95
• • • •		· · ·	241,675	2	110,93
is and temporary cash investments		.,, - ,	10,000	3	<del></del>
es and grants receivable, net	•	· -	10,000		· · · · · · · · · · · · · · · · · · ·
nts receivable, net		·		4	<del></del>
vables from current and former officers, director		1			
yees, and highest compensated employees. C	omplete Part II of				
ule L				5	<del></del>
vables from other disqualified persons (as defin		1			
)(1)), persons described in section 4958(c)(3)(		ł			
yers and sponsoring organizations of section 5		İ			
yees' beneficiary organizations (see instruction	ns) . ,			6	
and loans receivable, net				7	
ones for sale or use	••	· -	74,291	8	40,38
d expenses and deferred charges	1. 1 .		14,491	9	40,30
buildings, and equipment cost or	1.0	64 705		1	
basis. Complete Part VI of Schedule D	10a	64,705 40,788	24 030	40.	23,91
accumulated depreciation	10b	40,788	24,930		43,91
ments—publicly traded securities				11	·
ments—other securities. See Part IV, line 11		-		12	
ments—program-related. See Part IV, line 11	•	<u> </u>		13	<del> </del>
ible assets	**			14	
assets. See Part IV, line 11	ا م م		472 226	15	101 25
assets. Add lines 1 through 15 (must equal line	e 34)		473,326		181,25
nts payable and accrued expenses		·	50,704	17	191,23
s payable		·		18	<del></del>
ed revenue		-		19	<del></del>
kempt bond liabilities				20	
w or custodial account liability. Complete Part I		-		21	<del> </del>
les to current and former officers, directors, tru	-				•
yees, highest compensated employees, and d	isqualified persons.				
lete Part II of Schedule L		}-		22	<del></del>
ed mortgages and notes payable to unrelated				23	
cured notes and loans payable to unrelated thir				24	<del> </del>
liabilities (including federal income tax, payable					
s, and other liabilities not included on lines 17-2	24) Complete Part X	İ	10 520		7 42
nedule D			12,532		7,42
liabilities. Add lines 17 through 25	last .		63,236	26	198,65
nizations that follow SFAS 117, check here	X and complete				
27 through 29, and lines 33 and 34.			160 660		
tricted net assets	,		-160,660 570,750		17 20
oranly restricted net assets			570,750	28	-17,39
anently restricted net assets	.: <b>.</b> _ ^^.			29	
nizations that do not follow SFAS 117, chec	k here 🔪 and				
lete lines 30 through 34.			99		
		-		<del></del>	
_	e, or other funds	-	440 000	<del>                                     </del>	18.00
net assets or fund balances		·			-17,39 181,25
al n ne ne	stock or trust principal, or current funds or capital surplus, or land, building, or equipmed earnings, endowment, accumulated income	stock or trust principal, or current funds or capital surplus, or land, building, or equipment fund d earnings, endowment, accumulated income, or other funds et assets or fund balances	stock or trust principal, or current funds or capital surplus, or land, building, or equipment fund d earnings, endowment, accumulated income, or other funds et assets or fund balances	stock or trust principal, or current funds or capital surplus, or land, building, or equipment fund d earnings, endowment, accumulated income, or other funds et assets or fund balances 410,090	stock or trust principal, or current funds or capital surplus, or land, building, or equipment fund d earnings, endowment, accumulated income, or other funds et assets or fund balances  30 31 32 410,090 33

om	990 (2011) CHILD FOUNDATION, IN	C 93-1148608			Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a respon	se to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 1	2)	111	2,3	40.8	897
2	Total expenses (must equal Part IX, column (A), line 2		2	2,7		
_	Revenue less expenses, Subtract line 2 from line 1		3		20,	
4	Net assets or fund balances at beginning of year (mus	t equal Part Y line 33 column (A))	4			090
	Other changes in net assets or fund balances (explain		5			835
6	Net assets or fund balances at end of year Combine I					
•	column (B))	inco o, 4, and 5 (most equal t at ti, mid oo.	6	-	17.	396
Pai	t XII Financial Statements and Report	ina				
	Check if Schedule O contains a respon	<del>-</del>				X
-					Yes	No
1	Accounting method used to prepare the Form 990	Cash X Accrual Other				
•	If the organization changed its method of accounting fi		······································		•	
	Schedule O.					
2a	Were the organization's financial statements compiled	or reviewed by an independent accountant?		2a	х	1
	Were the organization's financial statements audited by	•	•	2b	X	
	If "Yes" to line 2a or 2b, does the organization have a	•				
-	of the audit, review, or compilation of its financial stat			2c	X	
	If the organization changed either its oversight process		•		· · · · · · · · · · · · · · · · · · ·	
	Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate	whether the financial statements for the year were		į	l	}
	issued on a separate basis, consolidated basis, or bot					
	Separate basis X Consolidated basis B					
3a	As a result of a federal award, was the organization re	·				
	the Single Audit Act and OMB Circular A-133?			3a	<u> </u>	Х
b	If "Yes," did the organization undergo the required aud	fit or audits? If the organization did not undergo the				
	required audit or audits explain why in Schedule O an			3b		<u> </u>
				For	m 990	0 (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

CHILD FOUNDATION, INC

Employer Identification number 93-1148608

		····	011111111111111111111111111111111111111										
Pa	ırt I	Rease	on for Public Charity	Status (All organizations	must co	omplete	this pa	art.) Se	e inst	tructio	ns		
The	orga	nization is not	a private foundation because	se it is. (For lines 1 through 11, o	heck only	one box	.)						
1		A church, cor	nvention of churches, or as	sociation of churches described i	n section	170(b)(	1)(A)(i).						
2		A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)									
3	П	A hospital or	a cooperative hospital serv	ice organization described in sec	ction 170	(b)(1)(A)	iii).						
4	П		•	d in conjunction with a hospital of			•	)(1)(A)(i	ii). Ente	er the h	osoital's nam	e.	
	LJ	city, and state	,					7, 7, 7,				-,	
5				of a college or university owned	or operate	ed by a n	overnme	ental uni	, descri	hed in	• •		
•		-	(b)(1)(A)(iv). (Complete Par	-	or operan		0100000		. 00301	JUU 117			
6				con.) governmental unit described in s	oction 17	70/53/43/A	West 1						
7	X			substantial part of its support fro				from the	aaaa.	al aublic			
'		-	•	_ ' ' ' '	iii a gove	minenta	UIII OI I	tom are	genera	ii poone	•		
٥	$\Box$		section 170(b)(1)(A)(vi). (C	•	шх								
8	H	•		170(b)(1)(A)(vi). (Complete Part	•								
9	L			1) more than 33 1/3% of its supp							)SS		
				npt functions—subject to certain									
				nd unrelated business taxable in	_			i) itom E	ousines	ses			
	$\overline{}$		_	30, 1975. See section 509(a)(2).			•						
10	Н	-	•	exclusively to test for public safe	-								
11	Ш	-	_	exclusively for the benefit of, to p									
		, ,	, , , , ,	ted organizations described in se						section	1		
		509(a)(3). Ch		the type of supporting organizate									
	$\overline{}$	a Type	···	c Type III—Functions			d [	_ ^	e III-Ot				
e	Ш			ganization is not controlled direct									
		other than for	undation managers and oth	er than one or more publicly sup	ported or	ganızatıor	ns descr	ibed in s	section	509(a)(	1)		
		or section 50											
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type i.	Type II,	or Type	III suppo	orting				_
		-	check this box										
g		Since August	t 17, 2006, has the organiza	ation accepted any gift or contribu	ution from	any of the	ne						
		following per										r	Т
		(i) A persor	n who directly or indirectly of	controls, either alone or together	with perso	ons descr	ibed in (	ii) and				Yes	No
		(m) belov	w, the governing body of th	e supported organization?				-			11g(i)	<del> </del>	ļ
		(ii) A family	member of a person descri	ibed in (i) above?							11g(ii	4	ļ
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?	(-	. , ,					119(ii	<u> </u>	<u> </u>
h		Provide the	following information about	the supported organization(s)					·				
(i	) Nam	e of supported	(B) EIN	(Iii) Type of organization		organization		rou notify		is the		nount of	
	cut	panization		(described on Enes 1-9 above or IRC section		sted in your		nization in of your	organizat	zed in the		port	
				(see instructions))	Governmy	document?		oort?		S?			
					Yes	No	Yes	No	Yos	No			
(A)													
(B)							Ī						
					<u> </u>	<u> </u>		<u> </u>					
(C)					ł			1					
								<b> </b>	<u> </u>				
(D)													
(E)							<del>                                     </del>	ļ					
<b>(</b> /								<u> </u>					
		· · · · · · · · · · · · · · · · · · ·											
Tata			i	1	1		1	i	1		1		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
-	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Totai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	1,612.030	1,773,789	2,019,334	2,264,548	2,302,	, 875	9,972,576
2	Tax revenues levied for the organization's benefit and either paid to or expended on its pehalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total, Add lines 1 through 3	1,612,030	1,773,789	2,019,334	2,264,548	2,302	, 875	9,972,576
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)	٠	,	*	-			
6	Public support. Subtract line 5 from line 4							9,972,576
Sec	tion B. Total Support							
Caten	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
7	Amounts from line 4	1,612,030	1,773,789	2,019,334	2,264,548	2,302	. 875	9,972,576
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,743	1,124	556			3,423
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							9,975,999
12	Gross receipts from related activities, etc.						12	21,616
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 501	1(c)(3)		_
	organization, check this box and stop her					· · · · · · · · · · · · · · · · · · ·		<u> </u>
Sec	tion C. Computation of Public S						Т	
14	Public support percentage for 2011 (line 6			ın (f))	. , ,		14	99.97%
15	Public support percentage from 2010 Scho					l	15	%
16a	33 1/3% support test—2011. If the organ				33 1/3% or more, o	check this		⊾ ਚ
_	box and stop here. The organization qual							<b>▶</b> X
b	33 1/3% support test—2010. If the organicheck this box and stop here. The organic				15 IS 33 1/3% or m	ore.		▶ □
17a	10%-facts-and-circumstances test-20				Sa, or 16b, and line	14 is	•	
	10% or more, and if the organization mee							
	Part IV how the organization meets the "							. □
	organization		10.1		N= 405 == 47= ==	4 6		
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization	•						
	Explain in Part IV how the organization m							▶ □
40	supported organization		line 40 40 - 40	h 47a ar 47h	note than how and as	,		▶ □
18	Private foundation. If the organization di instructions	o not check a box o	on une 13, 16a, 16	o, 17a, or 17b, CM	currents box and se		-	▶ 🗌

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(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	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						, <del></del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						······································
ь	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						, and a construction of the company
	Add lines 7a and 7b		â.			,	
8	Public support (Subtract line 7c from	, , , , , , , , , , , , , , , , , , ,	,,,,	· ·	, ,,	. *	
500	tion B. Total Support		¥°a-yy		<u> </u>		
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(0) 200.	(3) 2333	107	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
10a	Gross income from interest, dividends, payments received on securities foans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	
	organization, check this box and stop her						▶∐
Sec	tion C. Computation of Public S						
15	Public support percentage for 2011 (line 8			nn (f))		15	<u>%</u>
16	Public support percentage from 2010 Sch					16	%
	tion D. Computation of Investme			2 column (f)		17	%
17	investment income percentage for 2011 ( Investment income percentage from 2010			s, widthi (ij)		18	%
18 19=	33 1/3% support tests—2011. If the organization		•	e 14, and line 15 (	s more than 33 1/3	—	
19a	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2010. If the orga						, , <u>, , , , , , , , , , , , , , , , , </u>
_	line 18 is not more than 33 1/3%, check the						▶ 🗌
20	Private foundation. If the organization di						▶ □

Schedule A (Fo	m 990 or 990-EZ) 2011	CHILD :	FOUNDAT	ION, I	NC		93-1	148608	Page 4
Part IV	Supplemental Inf Part II, line 17a or instructions)								
		, ,					•		•
	• •		•		-•	** ** * * **			
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

2011 Open to Bublic

Open to Public Inspection

Name	of the organization		Employer identification number	7
C	HILD FOUNDATION, INC		93-1148608	
	organizations Maintaining Donor Advised Fur organization answered "Yes" to Form 990, Part N			if the
		(a) Coner advised funds	(b) Funds and other so	counts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)		· · · · · · · · · · · · · · · · · · ·	
4	Aggregate value at end of year			·
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl		П	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	- , ,, ,, ,,	· · · · ·	
	only for charitable purposes and not for the benefit of the donor or done			
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements. Complete if the orga	nization answered "Yes" to Form		
1	Purpose(s) of conservation easements held by the organization (check			
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant land area	
	Protection of natural habitat	Preservation of a certified histori	•	
	Preservation of open space		<b>4</b> , <b>4</b> , <b>1</b>	
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	ervation	
•	easement on the last day of the tax year			
	• •		Held at the End of	of the Tax Year
а	Total number of conservation easements		2a	
b			2b	
c	Number of conservation easements on a certified historic structure incl	uded in (a)	2c	
d				· · · · · · · · · · · · · · · · · · ·
٦	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	toguished or terminated by the organiza	tion during the	
Ĭ	tax year ▶			
4	Number of states where properly subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mor	•		
•	violations, and enforcement of the conservation easements it holds?	manna, moposion, numering to	П	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfon	cing conservation easements during the		لب <b>ـــا</b>
•		gg		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
•	<b>▶</b> \$	•		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense stateme	nt, and	<del></del>
	balance sheet, and include, if applicable, the text of the footnote to the			
	organization's accounting for conservation easements	-		
P	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.	
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	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 furth	nerance of	
	public service, provide, in Part XIV, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t			
	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	
	(ii) Assets included in Form 990, Part X		► s	
2		other similar assets for financial gain, pr	ovide the	•
	following amounts required to be reported under SFAS 116 (ASC 958)			
a	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	
	Assets included in Form 990 Part X		<b>▶</b> \$	-

Sche	dule D (Form 990) 2011 CHILD FC	UNDATION,	INC		93-1148608			Page 2
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical T	reasures, or	Other Similar	Assets	(continue	d)
3	Using the organization's acquisition, access collection items (check all that apply).	sion, and other records	, check any of the fo	illowing that are	a significant use of	rts		
а	Public exhibition	<b>4</b> □	l oan ar avahansa ni	oomme				
			Loan or exchange pr	ogranis				
b	Scholarly research	e [	Other					
C	Preservation for future generations					_		
4	Provide a description of the organization's	collections and explain	how they further the	organization's e	exempt purpose in I	Part		
	XIV							
5	During the year, did the organization solicit assets to be sold to raise funds rather than				milar		Yes	□ No
Pa	rt IV Escrow and Custodial A				vered "Yes" to F	orm 990		
	line 9, or reported an amou	_					, ,	
1a	Is the organization an agent, trustee, custo			or other assets i	not			
	included on Form 990, Part X?		.0.7 10. 00.10.00.10.10				Yes	□ No
h	If "Yes," explain the arrangement in Part XI	V and complete the fo	ilmuna tabla	6	•	• • •	∟,.03	```
~	in res, explain the all alignment in that Ali	v and complete the n	moving table.			1	Amount	
_	Ponenius belongs				1		7 4 10 5 11	
	Beginning balance	•	•			<u>c  </u>		<del></del>
	Additions during the year	• •			• • • •	<u>d</u>		
e	Distributions during the year	•			· · · -	<u>e</u>	<del>,</del>	
f		•			[1	f		
2a	Did the organization include an amount on	Form 990, Part X, line	21?				Yes	∐ No
	If "Yes," explain the arrangement in Part XI							
Pa	rt V Endowment Funds. Com	plete if the organiz	ation answered '	Yes" to Form	i 990, Part IV, li	ine 10.		
		(a) Current year	(b) Pnor year	(c) Two years	back (d) Three ;	years back	(e) Four ye	ars back
1a	Beginning of year balance							
ь	Contributions							
c	Net investment earnings, gains, and							
	losses						,	
d	Grants or scholarships							
	Other expenditures for facilities and							
_	programs						,	
f	Administrative expenses							
9 2	Provide the estimated percentage of the cu	grant was and halans	o (fino 10 column (a)	) held as:			L	<del>-</del>
	Board designated or quasi-endowment	"" " " "	e (iiile 19, coluitai (a)	/ Hero as.				
	Permanent endowment > %	• •						
¢	***************************************	% 						
_	The percentages in lines 2a, 2b, and 2c sh	•		d - dd &				
3a	Are there endowment funds not in the poss	session of the organiza	ation that are neld an	a administered to	or the		<u>.</u>	
	organization by:							es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations			. , ,			3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	ns listed as required of	on Schedule R?				36	
4	Describe in Part XIV the intended uses of	the organization's end	owment funds.	<u> </u>				
Pa	nt VI Land, Buildings, and Eq	uipment. See For	m 990, Part X, lir	ne 10	<u></u>			
	Description of property	(a) Cost or other	basis (b) Cost o	other basis	(c) Accumulated		(d) Book vali	149
		(investment)	(0)	her)	deprocession		*	
1a	Land							
b	Buildings			23,704		305	22	,899
С	Leasehold improvements	,						<del> </del>
d	Equipment			41,001	39,9	83	1	,018
	Other							
Taka		t annual Form 000. Day	t V column (R) line	10/6) )			23	917

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

schee	dule D (Form 990) 2011 CHILD FOUNDATION, INC	93-11486	วช	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,340,897
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2,761,548
3	Excess or (deficit) for the year Subtract line 2 from line 1	* · · · · · · · · · · · · · · · · · · ·	3	-420,651
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities	**	5	
6	Investment expenses	•	6	* · · · · · · · · · · · · · · · · · · ·
7	Pnor period adjustments		7	
8	Other (Describe in Part XIV.)	• •	8	2,395
9	Total adjustments (net) Add lines 4 through 8	•	9	2,395
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	 9	10	-418,256
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	···	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	2,340,897
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	•		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	25	7	
c	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIV.)	2d	-i	
	Add lines 2a through 2d	<u> </u>	20	
3	Subtract line 2e from line 1	•	3	2,340,897
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	<u> </u>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,340,897
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Return	
1	Total expenses and losses per audited financial statements		1	2,759,153
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7	
c	Other losses	2c	<b>1</b> •	
d	Other (Describe in Part XIV.)	2d	7:	
	Add lines 2a through 2d		2e	
3				
4			3	2,759,153
	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	3	2,759,153
т а	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	3	2,759,153
a	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 2,39		2,759,153
a b	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	4a 4b 2,39		2,759,153
a b c	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b		5	2,395
a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 4c	
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information	4b 2,39	5 4c 5	2,395
Cem	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3.	4b 2,39 ines 1a and 4; Part IV lines 1b	5 4c 5	2,395
Cem Part	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIV Supplemental Information Detect this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d	4b 2,39 ines 1a and 4; Part IV lines 1b	5 4c 5	2,395
Com Part any	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIV Supplemental Information Detect this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information.	ines 1a and 4; Part IV lines 1b and 4b Also complete this part	5 4c 5	2,395
Com Part any	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIV Supplemental Information Detect this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d	4b 2,39 ines 1a and 4; Part IV lines 1b	5 4c 5	2,395
Com Part any Part	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIV Supplemental Information Detect this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information.	ines 1a and 4; Part IV lines 1b and 4b Also complete this part	5 4c 5	2,395
Com Part any Part	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information.  ART XI, LINE 8 - RECONCILIATION OF CHANGES	ines 1a and 4; Part IV lines 1b and 4b Also complete this part	5 4c 5	2,395 2,761,548
Com Part any Part	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information.  ART XI, LINE 8 - RECONCILIATION OF CHANGES	ines 1a and 4; Part IV lines 1b and 4b Also complete this part	5 4c 5	2,395 2,761,548
Part any Part B	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information.  ART XI, LINE 8 - RECONCILIATION OF CHANGES	ines 1a and 4; Part IV lines 1b and 4b Also complete this part  OTHER	5 4c 5	2,395 2,761,548
Part any P. B.	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information. ART XI, LINE 8 - RECONCILIATION OF CHANGES DOK / TAX DEPRECIATION DIFFERENCE  ART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDING	ines 1a and 4; Part IV lines 1b and 4b Also complete this part  OTHER	4c 5 and 2b, oo provide	2,395 2,761,548 2,395
Part any P.	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIV Supplemental Information Detect this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information.  ART XI, LINE 8 - RECONCILIATION OF CHANGES DOK / TAX DEPRECIATION DIFFERENCE	ines 1a and 4; Part IV lines 1b and 4b Also complete this part  OTHER	4c 5 and 2b, oo provide	2,395 2,761,548
Part any P. B.	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information. ART XI, LINE 8 - RECONCILIATION OF CHANGES DOK / TAX DEPRECIATION DIFFERENCE  ART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDING	ines 1a and 4; Part IV lines 1b and 4b Also complete this part  OTHER	4c 5 and 2b, oo provide	2,395 2,761,548 2,395
Part any P. B.	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information. ART XI, LINE 8 - RECONCILIATION OF CHANGES DOK / TAX DEPRECIATION DIFFERENCE  ART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDING	ines 1a and 4; Part IV lines 1b and 4b Also complete this part  OTHER	4c 5 and 2b, oo provide	2,395 2,761,548 2,395

# SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHILD FOUNDATION, INC

Employer identification number

	CULIDO	OUNDATION,	TINC			3-TT400	08
	neral Information m 990, Part IV, line		tside the	United States.	Complete if the organi	zation answe	ered "Yes" to
	******	ation maintain records	to substantial	e the amount of its	s grants and other		
		or the grants or assista			-		
grants or assi		, , , , , , , ,	,			-	X Yes No
2 For grantmak	ers. Describe in Part	V the organization's or	ocedures for	monitoring the use	of its grants and other		
	side the United States	•		3	•		
3 Activities per F	Region (The following	Part I, line 3 table can	be duplicated	f if additional space	e is needed)	_	
(a) Region	(b) Number of	(c) Number of		ities conducted in	(e) If activity listed a		(f) Total
	offices in the region	employees, agents, and independent		(by type) (e.g., , program services,	a program servi		expenditures for and investments
	,	contractors	ir.	vosiments,	service(s) in reg		n region
		in region		s to recipients			
CENTRAL AM	BRICA	<del> </del>	locate	d in the region)			
	DKICK		DDOGDAY	CRRUTCRC	UTINA NITADA DITANI	3.70	
_(1)			PROGRAM	SERVICES	HUMANITARIAN	AID	
EAST ASIA	AND PACIFIC						
(2)			PROGRAM	SERVICES	HUMANITARIAN	AID	22,600
SOUTH ASIA							
(3)	1	1	PROGRAM	SERVICES	HUMANITARIAN	AID	24,128
MIDDLE BAS'							
(4)	1	1	PROGRAM	SERVICES	HUMANITARIAN	AID	1,424,691
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(15)			1				
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/4C)							
(16)		<del> </del>	<del></del>				
4	1	1	1				
(17)	ļ		<del> </del>				1 401 410
3a Sub-total	2	2	-				1,471,419
b Total from continuation	1				,		
sheets to Part I							
c Totals (add							
lines 3n and 3h)	1 2	il -	o i		1		1 471 410

93-1148608

CHILD FOUNDATION,

Schedule F (Form 990) 2011

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

	Part II can	Part II can be duplicated if additional space is needed	dditional space	i is needed.			***************************************		*****
-	(a) Namo of	(b) IRS code	(c) Region	Ē	(a) Amount of	(f) Marwior of	(g) Amount of	(h) Description	(1) Method of valuation (1)
	organizakon	section and EIN (d applicable)		gravit	cash grant	dasbursement	non-cash assistance	or non-cash assistance	appraisal other)
ε				HUMANITARIAN RELIEF	1,513,696				
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Enter total number of recipient organizations listed above that are recognized as chartres by the foreign country, recognized as tax-exempt 8

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2011

"Yes," the organization may be required to file Form 5713. International Boycott Report (see Instructions

for Form 5713)

Schedule F (Form 990) 2011

X No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 3 - ACTIVITIES PER REGION	
REGION	EXPENDITURES INVESTMENTS
CENTRAL AMERICA	\$ 0 \$
EAST ASIA AND PACIFIC	\$ 22,600 \$ 0
SOUTH ASIA	\$ 24,128 \$ 0
MIDDLE EAST	\$ 1,424,691 \$ 0
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## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

hame of the organization

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2011

Open To Public Inspection

Employer identification number

CHILD FOUNDATION,					93-11486	
Part I Fundraising Activities. Complete it Form 990-EZ filers are not required				ed "Yes" to Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through				Check all that apply		
a Mail solicitations	e Solicitation	n of no	n-gov	ernment grants		
b Internet and email solicitations				nent grants		
c Phone solicitations	g Special fu					
d In-person solicitations	<b>3</b> — •		,			
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity b if "Yes," list the ten highest paid individuals or entities (compensated at least \$5,000 by the organization	in connection will	th profe	ssion: agree	al fundraismo services	?	Yes No
(i) Name and address of individual or entity (funditaliser)	(ii) Activity	(iii) Da raiser custo contri contribu	have dy or ol of	(iv) Grass receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in cot. (i)	(vi) Amount paid to (or reteined by) organization
	+	Yes			ω. (I)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total .			>			
3 List all states in which the organization is registered or	licensed to solicit	contrib	utions	or has been notified i	it is exempt from	
registration or licensing.						
, .						• • •
		, .				

Schedule G (Form 990 or 990-EZ) 2011 CHILD FOUNDATION, 93-1148608 INC Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events VALENTINE EVENT NONE (add col (a) through col (c)) (evert type) (total number) (event type) Revenue 3 41,365 41,365 1 Gross receipts 2 Less Charitable contributions 3 Gross income (fine 1 minus 41,365 41,365 4 Cash prizes 5 Noncash prizes 3,822 3,822 6 Rent/facility costs Expenses 7 Food and beverages Direct 8" Entertainment 16,637 16,637 4,500 4,500 9 Other direct expenses 24,959) 10 Direct expense summary Add lines 4 through 9 in column (d) 16,406 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming cel (a) through col (c)) binco/progressive bingo 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: 9a Yes No a is the organization licensed to operate gaming activities in each of these states? b if "No," explain 10a Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain.

Sche	dule G (Form 990 or 990-EZ) 20	11 CHILD	FOUNDATION,	INC	93-114860	8 Page <b>3</b>
11	Does the organization operate	gaming activities with	nonmembers?			Yes No
12	Is the organization a grantor, be	eneficiary or trustee or	f a trust or a member of	a partnership or other entity		
	formed to administer charitable	gaming?	, -	• • • • • •	٠,	, ∐ Yes ∐ No
13	Indicate the percentage of gam	ing activity operated	in			
a	The organization's facility				13a	%
ь	An outside facility				13b	%
14		f the person who prep	pares the organization's	gaming/special events books and		
	records.					
	Name &					
	Name ▶					
	Address ▶					
	Address P			* *	• •	-
152	Does the organization have a c	contract with a third o	arty from whom the orga	inization receives damind		
1.00	revenue?	Dimber Hill & Cite p	arty noin whom the orga	meadon receives gaming		☐ Yes ☐ No
b	If "Yes," enter the amount of ga	amîna revenue receivi	ed by the organization	· \$	and the	
_	amount of gaming revenue reta			, .		
С	If "Yes," enter name and addre	•	,, - •	•		
•		or and arms party				
	Name ▶					
	•••	, .	· · ·	•	•	
	Address >					
		,	,			
16	Gaming manager information.					
	Name ▶	*		· · · · · ·		
	Garning manager compensation	in ▶ \$				
	Description of services provide	₫ ▶	•			
	Director/officer	Employee	Independent of	ontractor		
	Directorionicer	Enthioyee	[_] independent o	Olibacoi		
17	Mandatory distributions					
٠, a	Is the organization required uni	der state law to make	chantable distributions	from the gaming proceeds to		
-	retain the state gaming license			nem and gammag processes in		Yes No
ь	Enter the amount of distribution		e law to be distributed to	o other exempt organizations or		
_	spent in the organization's own	exempt activities dur	ing the tax year ▶ \$			
Pai	t IV Supplemental Ir	formation. Comp	olete this part to pro	vide the explanations require	red by Part I, line 2h	0,
	columns (iii) and (	(v), and Part III, li	nes 9, 9b. 10b. 15b	, 15c, 16, and 17b, as appli	cable. Also complet	e this
	part to provide ar	ny additional infor	mation (see instruct	ions).		
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				<del></del>	Schedule G (Form 99	00 or 900 E71 2044
					Scriptions of (Lown 2)	,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Employer identification number

CHILD FOUNDATION, INC. 93-1148608 PT XII, LINE 2C BOARD AND EXTERNAL ACCOUNTANT APPROVES AUDIT PT VI-C, LINE 19 AVAILABLE ON THE WEB SITE AND UPON REQUEST PT VI-B, LINE 11A BOARD REVIEWS FORM 990 PRIOR TO FILING PT VI-B, LINE 12C ASSIGNED COMPLIANCE DIRECTOR AND COMPLIANCE OFFICER MONITOR COMPLIANCE RELATED ACTIVITIES IN ACCORDANCE WITH THE COMPLIANCE DOCUMENT AND PERFORM REGULAR COMPLIANCE CHECKS AND REPORT ANOMALIES TO THE BOARD WHEN AND IF THEY OCCUR. PT VI-B, LINE 15 COMPENSATION REVIEWED BY THE BOARD

Vare of the organization CHILD FOUNDATION, INC

Employer identification number 93-1148608

#### Program Services

Child Foundation helps children in need in Iran(Middle East), Afghanistan (South Asia) and Indonesia(East Asia and Pacific) to remain in school.

Education can move a child beyond the stigma of poverty and give that child the tools to reach his/her potential. Child Foundation has provided primarily food items to children living in hardship enhancing the quality of life for these children and their families.

By providing education, Child Foundation hopes to eliminate children leaving school prematurely, and in some countries early matrimony. Child Foundation has sponsorship programs primarily in Iran (over 90%), Afghanistan, Indonesia, serving over 2,500 children and families. A number of these children are enrolled in university or college programs.

There are four different programs for children with special needs. There are programs for children who have been abused, children who are visually impaired, deaf or have other medical needs, including cancer.

Child Foundation operates under the laws and regulations of the United States Department of Treasury, Office of Foreign Assets Control, pursuant to 31 CFR 5560.210 (b) Humanitarian Donations that states "The probations of sections 560.204 and 560.206 do not apply to donations by United States persons of articles, such as food, clothing, and medicine intended to relieve human suffering."

Child Foundation is actively working to support three of the United Nations 2015 Millennium Development Goals: to eradicate poverty, to achieve universal primary education and to promote gender equality in the classroom. Child Foundation believes that education can help a child move beyond the stigma of poverty, and give that child the tools to reach his or her potential.

Child Foundation's basic philosophy of operation is that "Education is basic human right which should be accessible to all children regardless of race, gender, class status or economic background and education is a gift that lasts a lifetime."