

## 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



Form: 990

Department of the Treasury

# Return of Organization Exempt From Income Tax\

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

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

2012 Open 46 Public

` -		enue Service			· may have to use a copy (				Shipt.	
, <u> </u>	For th	ne 2012 calen	dar year, or ta	k year begir	ning	, 2012	2, and endin			,
? E	Check r	f applicable	C					D Employ	yer iden:	tification Number
)	Ad	dress change			EN INTERNATIO	NAL INC.		93-	1052	2909
_	Na	me change	3308 NE F					E Telephi	one num	nber
う つ		tial retum	PORTLAND,	OR 972	:32			(50	3) 2	82-7652
٣	$\boldsymbol{H}$	rminated						100	<u> </u>	102 7002
Õ	-							G ~		\$ 2.056.152
Oro(e)	<del>  </del>	nended return	F Name and add			<del></del>		G Gross r		
186	∐ <sup>Ap</sup>	plication pending			ii olacei			H(b) Are all affiliates inc		
_			SAME AS C	<del></del>		<del></del>		If 'No,' attach a list	(see in:	structions) Yes No
	Tax-e	exempt status	X 501(c)(3)	501(c) (	)◀ (insert no.)	4947(a)(1) (	or 527			
J	Web	osite: ► <u>W</u> W	W.ALLGODS	CHILDRE	N.ORG			H(c) Group exemption no	umber 🏲	<b>&gt;</b>
€	) Form	of organization	X Corporation	Trust	Association Other	L	Year of Format	юп: 1991 М с	state of	legal domicile OR
9	arti	Summar	V							
		Briefly descri	be the organiza	ation's miss	ion or most significar	nt activities:	PROVIDE	SUPPORT TO O	RPHA	ANS THROUGH
Ź		RELIEF S	ERVICES A	ND ADOP	TION	<u></u>				E.z
Ī	ဍ									
WINED JUN TO # 2014										
۲	2				n discontinued its op		posed of mo	re than 25% of its	net as	sets.
=	<b>5</b> 3				rning body (Part VI, I				3	3
- 6	4		•	_	s of the governing bo				4	6
**	<b>2</b> 5				n calendar year 2012				5	50
~	6				necessary)		••		6	0
2	7 a				Part VIII, column (C)		•	•	7 a	0.
4	<b>b</b>	Net unrelated	business taxa	ble income	from Form 990-T, lin	e 34	· · · · · · · · · · · · · · · · · · ·		7ь	0.
	1				41.			Prior Year		Current Year
	8				1h)			1,200,9		741,006.
Boyco	9				2g)			4,159,1		3,114,987.
Ž	10		•		A), lines 3, 4, and 7d				773.	159.
\^ <sup>B</sup>	1				nes 5, 6d, 8c, 9c, 10c				44.	
'x T			~		(must equal Part VII		line 12)	5,370,0		3,856,152.
P	13				X, column (A), lines			605,0	45.	280,605.
$\tilde{\mathcal{C}}$	14	•			(, column (A), line 4)					
D.	្គ 15 🥫		•		e benefits (Part IX, c		s 5-10)	1,511,2	54.	1,577,165.
5 2408	16a F	Professional t	undraising fee:	s (Part IX, d	column (A), line 11e)					
	<u>.</u> 6	Total fundrais	ino expenses (	Part IX. col	umn (D), line 25) 🟲	2	04,964.	型技術學系	<b>建</b>	<b>有學語。第4条英語</b>
\\\{\}	17 (				nes 11a-11d, 11f-24e		<u> </u>	2,626,4	01	
					equal Part IX, column					2,343,331.
8	10	•	expenses. Sul	-	-	1 (75), IIIC 23)		4,742,7		4,201,101.
2,42014	19 F	revenue less	expenses. Sur	otract line 1	o from time 12	<del></del>	<del></del>	627,2		-344,949.
G T	<b>8</b>	Tabal assats (	Part X, line 16		core	.14	\	Beginning of Curren		End of Year
C.			s (Part X, line 10)		. [ 0	-10-14	<b>(</b>	1,950,1		1,518,538.
> 5	£1		•	-				1,072,0		<u>985,393.</u>
				Subtract li	ne 21 from line 20 .	·		878,0	94.	533,145.
P	art II	Signature	e Block							
Pi	der penalti	es of perjury, I de	clare that I have exa	amined this retu	rn, including accompanying all information of which prep	schedules and state	ements, and to t	he best of my knowledge	and beli	ef, it is true, correct, and
<del>تع</del>		ciaration of prepar	er (other than onice	i) is dased off	an intormation of which prep	ater has any known	<del></del>			/
ī		1	1/100		7/2	<del>-</del>		12/2	'Z	1/3
S	ign	Signatur	e of officer					Date /		
H	ere		EN FRAZIE					EXECUTIVE D	IREC	CTOR
IK	<u> </u>		print name and title							
7	1	Print/Type pr	eparer's name		Preparer's someture		Date	Check	lt I	PTIN
2	gid	LEE OW	EN		sul		1227	self employe	:d	P01441788
	repare			LL CONRA	DIE LLC					
	se Only				IKAN WAY			Firm's EIN	- 20-	-5230500
			BEAVE		97006			Phone no	(503	
M	av the IR	S discuss thi			shown above? (see	instructions)		1	1000	X Yes No
					he separate instructi		TEE	A0113L 12/18/12		Form <b>990</b> (2012)
0/	~~ '' '' '	-PC:NOIN IN		, 1		·	,,			· UIIII 730 (4014)

	990 (2012) ALL GOD'S CHILDREN INTERNATIONAL INC.	93-10	52909	F	age 2
Par	tillia Statement of Program Service Accomplishments				
	Check if Schedule O contains a response to any question in this Part III				
1	Briefly describe the organization's mission:				
	PROVIDE SUPPORT TO ORPHANS THROUGH RELIEF SERVICES AND ADOPTION		<b></b>		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or			
	Form 990 or 990-EZ?	• • • •	Ye	s X	No
-	Did the organization cease conducting, or make significant changes in how it conducts, any program se	r.ueee 2		. I	Ma
3	If 'Yes,' describe these changes on Schedule O.		[ Ye	<u> </u>	No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount or others, the total expenses, and revenue, if any, for each program service reported.	rices, as m f grants and	easured t l allocation	y exper is to	nses.
4 a		Revenue	\$		)
	ADOPTION SERVICES TO NUMEROUS FAMILIES THROUGHOUT THE UNITED STA	<u>res.                                    </u>			
4 6	O(Code. ) (Expenses \$ 1,175,126. Including grants of \$ ) (FOUTION PROVIDE RELIEF SUPPLIES AND SERVICES TO ORPHANAGES IN EASTERN EUTOMORPHICA.	Revenue S ROPE, A		ND LA	TIN_
40	: (Code:) (Expenses \$including grants of \$) (F	Revenue \$	\$		>
اء <b>۾</b>	Other program services. (Describe in Schedule O.)				
	(Expenses \$ including grants of \$ ) (Revenue \$			)	
4 e	Total program service expenses ► 3,714,825.				
BAA	TEEA0102L 08/08/12		Fo	rm <b>990</b>	(2012)

### Form 990 (2012) ALL GOD'S CHILDREN INTERNATIONAL INC.

93-1052909 Page **3** 

Part IV	🔀 Check	list of	Required	Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			透透
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	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.	11 b		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		x
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		<u>x</u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		<u>x</u>
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
İ	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		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
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	T	

Form 990 (2012) ALL GOD'S CHILDREN INTERNATIONAL INC.

Part IV Checklist of Required Schedules (continued)

93-1052909

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 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 Vil, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		x
24:	a 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, and 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		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	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	25a		х
ı	s is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 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, 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		х
	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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		X
l	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь	х	
•	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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		х
	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		х
<b>35</b> a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	o If 'Yes' to line 35a, 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		
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		Х
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	
3AA		Form	990 (	(2012)

	n 990 (2012) ALL GOD'S CHILDREN INTERNATIONAL INC.	93-1052909		F	age
Pal	A Statements Regarding Other IRS Filings and Tax Compliance		<del></del>		
	Check if Schedule O contains a response to any question in this Part V				Γ
		<del></del>	T	Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a	17		19.00	54, 54
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
	the state of the s				
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g (gambling) winnings to prize winners?	aming	1 c	X	CELETY.
^		i.g	(1) Y	The street	合けが
22	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	50	37		317
ŧ	b If at least one is reported on line 2a, did the organization file all required federal employment tax return		2 b	X	167295
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions'		30-7e i	22 SEC	S. Sa. 35
2.	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	/   138			X
	p If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	·	3 a		
		) <del></del>	3ь		
4 2	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial ac	15.00		х	
		county.	4 a	A THE TAIL	LL Sales
	of If 'Yes,' enter the name of the foreign country.   GUATEMALA  Converted to the foreign country.				
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts			- S
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5 b		X
C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization	$\top$		
-	solicit any contributions that were not tax deductible as charitable contributions?	5 ··· · · · · · · · · · · · · · · · · ·	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts	were			
	not tax deductible?	i i	6 b	1	
7	Organizations that may receive deductible contributions under section 170(c).				
=	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	and and			
•	services provided to the payor?		7 a	Print House and	X
b	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 🗀	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	d to file			
	Form 8282?		7 c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	<b>\$</b>	3	<b>多</b> 可能	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit coi	ntract? .	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?	7 f		X
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		_		
_	as required?	· · · [_'	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a			
	Form 1098-C?		7 h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organiz	ations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess holdings at any time during the year?	s business	***	\$P\$ \$	richae. V
_		· · · · · · · · · · · · · · · · · · ·	8	227911	X
	Sponsoring organizations maintaining donor advised funds.			ALCO TO STATE OF	<b>全国</b>
	Did the organization make any taxable distributions under section 4966?	<u> </u>	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь		
	Section 501(c)(7) organizations. Enter.		<b>F</b>	<b>建</b> 制	
	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	3			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	2			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
2 a	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41? 1;	2a		
b	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year .   12b	疲			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	<del></del>		翻	
	Is the organization licensed to issue qualified health plans in more than one state?	1°	3a	est it	ARE ENTER
_	Note. See the instructions for additional information the organization must report on Schedule O.	المالة	- TE	1818 B	9,55
٤.	Enter the amount of reserves the organization is required to maintain by the states in				
IJ	which the organization is licensed to issue qualified health plans				
c	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year? .	1943	4 a	=2 97 A 1	X
	of the organization received any payments for made, terming derivines during the tax year.		4 b		
	ee, the transfer of the transfer of the provide an explanation of contents of		~ N/	1	

Form	aan	(2012)	7. T T	CODIC	CUTT DOEM	INTERNATIONAL	TNC
r orrn	220	(2012)	ALL	GOD S	CHILDREN	INTERNATIONAL	INL

93-1052909

Page 6

Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and	for								
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	iges i	ın							
	Check if Schedule O contains a response to any question in this Part VI			X						
Se	ction A. Governing Body and Management									
			Yes	No						
1	a Enter the number of voting members of the governing body at the end of the tax year									
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
	b Enter the number of voting members included in line 1a, above, who are independent 1b									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O									
3	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?									
4	Did the organization make any significant changes to its governing documents									
_	since the prior Form 990 was filed?	4		X						
6	Did the organization have members or stockholders?	5 6		X						
7	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		x						
1	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
;	a The governing body?	8 a	X	FSA GOLD.						
l	b Each committee with authority to act on behalf of the governing body?	8 b	Х							
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (	Code.								
10:	a Did the organization have local chapters, branches, or affiliates?	10a	Yes	No						
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	104								
	operations are consistent with the organization's exempt purposes?	10 Ь	Х							
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDILE O	11 a	X							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	1						
	• Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X							
(	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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?									
	The organization's CEO, Executive Director, or top management official	15 a	Х							
1	Other officers of key employees of the organization	15 b	X	S(),						
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a								
ŀ	olf '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 taken steps to safeguard the			X						
	organization's exempt status with respect to such arrangements?	16b	CARLAGE 3	narati-						
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► OR									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)/3)s only a	 allable	for n							
	inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  X  Upon request  Other (explain in Schedule O)		P							
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availate the public during the tax year.  SEE SCHEDULE O	ble to								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization-									
	THE ORGANIZATION 3308 NE PEERLESS PORTLAND OR 97232 (503) 282-7652									
BAA	TEEA0106L 08/08/12	Form	990 (2	2012)						

orm <b>990</b> (2012)	ALL	GOD'S	CHILDREN	TNTERNATIONAL.	TNC

93-1052909

Page 7

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

- 1 a 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 organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours per week (list	Position office	on (d ox, ur er ar	iless p id a d	erso	more to n is both r/truste	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CARRIE J. MOORE SECRETARY	- 5	х						0.	0.	•
(2) MARIAH GRAY KOLPEK	55				_			0.	0.	0.
CHAIR (3) BRIAN EVANS	5	X						0.	0.	0.
TREASURER	0	Х		х				0.	0.	0.
(4) HOLLEN FRAZIER EXECUTIVE DIRECTOR	_ <u>40</u> _				Х			92,917.	0.	0.
(5)										
(6)										
<u>(7)</u>										
(8)										<del></del>
(9)										
(10)										
(11)										
(12)						_			,	
(13)										
(14)										

	990 (2012) ALL GOD'S CHILDREN INTER									93-10529	
Pa	t VII   Section A. Officers, Directors, Trus	tees,	Key	En			es,	an	d Highest Con	pensated Em	oloyees (cont)
	(A) Name and title	Average hours per week	officer and a directo		e than i is bot tor/trus	h an tee)	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other		
		week (list any hours for related organiza - tions below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)		<del>  -</del>									
(16)			$\vdash$		-	-					
(17)			<u> </u>	$\vdash$	_	-			, , , , , , , , , , , , , , , , , , , ,		
				_			ļ	<u> </u>			
(18)			1								
(19)											
(20)											
(21)			-					-			
(22)			<del>                                     </del>	-		-		<u> </u>			-
(23)										·	
(24)										<del></del>	
(25)			-								
1 1	Sub-total	<u> </u>	L	<u></u>		1	L	<u> </u>	92,917.	0.	<del>                                     </del>
	Total from continuation sheets to Part VII, Section						_	<b>-</b>	0.	0.	0.
	Total (add lines 1b and 1c)							<b>-</b>	92,917.	0.	0.
	Total number of individuals (including but not limited to from the organization ► 0							ved			pensation
									<del></del>		Yes No
3	Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such			key	em				ighest compensate	ed employee	3 X
4	For any individual listed on line 1a, is the sum of rithe organization and related organizations greater such individual	eportabi than \$1	ie co: 50,00	00?	ensa If 'Y	tion es'	and comp	oth olet	er compensation e Schedule J for	from	4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen comple	satio	n fr	om . lule	any <i>J fo</i>	unre r suc	late h p	ed organization or erson .	individual	5 X
Sec	tion B. Independent Contractors	<del>, - , , -</del>									
1	Complete this table for your five highest compensation from the organization. Report compensation	ited inde	epen the c	den alen	t coi dar y	ntra year	endi	tha ng v	it received more the or- with or within the or-	nan \$100,000 of ganization's tax yea	r
	Name and business address	ss							(B) Description (	of services	(C) Compensation
2	Total number of independent contractors (including but \$100,000 in compensation from the organization		ted to	o the	sel	ıste	abo	ve)	who received more	than	
BAA			TEEAC	108L	01/2	24/13				2012	Form <b>990</b> (2012)

		0 (2012) ALL GOD'S CHILDREN INTERNATIO	NAL INC.		93-1052909	Page 9
Pa	n y	III Statement of Revenue				
		Check if Schedule O contains a response to any quest	ion in this Part VIII	<u> </u>		,
ないとなる			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
AND OTHER SIMILAR AMOUNTS	t c c f	A Federated campaigns	741,006.			
¥		Business Code		· · · · · · · · · · · · · · · · · · ·	4. 人名英格兰 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Charles of the Control of the Contro
PROGRAM SERVICE REVENUE	t c c e f	ADOPTION FEES  All other program service revenue  Total. Add lines 2a-2f	3,114,987.	3,114,987.		
			3,114,987.			植物音型微型层层
	3 4 5	Investment income (including dividends, interest and other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  (i) Real (ii) Personal	159.	159.		
	b c d	Cross rents  Less: rental expenses  Rental income or (loss).  Net rental income or (loss)  Output formula of (ii) Securities (ii) Other				
		Gross amount from sales of assets other than inventory  Less: cost or other basis			merch.	
	С	and sales expenses Gain or (loss).				
프		Net gain or (loss)				
OTHER REVENUE		of contributions reported on line 1c).  See Part IV, line 18 a				
5		Less direct expenses b		AND THE PROPERTY OF THE PROPER		
_		Ret income or (loss) from fundraising events  Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b  Net income or (loss) from gaming activities ▶				
	ь	Gross sales of inventory, less returns and allowances.  Less: cost of goods sold b  Net income or (loss) from sales of inventory				
	11 a	Miscellaneous Revenue Business Code		Partie		
	c d	All other revenue				
- 1	e	Total. Add lines 11a-11d		是"新发生"的"	THE STREET A	
	12	Total revenue. See instructions.	3.856.152	3 115 146	0	^

JUJ UTJ UTUJ

### Form 990 (2012) ALL GOD'S CHILDREN INTERNATIONAL INC.

93-1052909 Page 10

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). Check if Schedule O contains a response to any question in this Part IX **(B) (D)** Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 280,605 280,605. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 92,917 92,917 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,162,317 1,030,517. 62,762. 69,038. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) 171.798 Other employee benefits 191,953 9,598 10,557. 116,330 129,978 6,499 7,149. Payroll taxes . . . Fees for services (non-employees): <u>8,</u>600. 331,949 152,731 170,618 a Management 19,095 17,090. 955. 1,050. **b** Legal . . . . . 3,978 3,560. 199 219. c Accounting . **d** Lobbying 是TATE THE SHE e Professional fundraising services. See Part IV, line 17. f Investment management fees Other. (If line 11g amt exceeds 10% of line 25, col-27,053 25,299 835 919. umn (A) amt, list line 11g expenses on Sch O). . Advertising and promotion 306,813 199,428. 15,341 92,044. Office expenses Information technology . . . Royalties . 87,452 4,555 16 Occupancy. 97,018 5.011. 87,098 78.444 4,392 4,262. 17 Travel . . . . . . . . . . . . Payments of travel or entertainment expenses for any federal, state, or local public officials . . Conferences, conventions, and meetings 19 Interest . . . 43,787 48,924 2,446 2,691. 20 Payments to affiliates. . Depreciation, depletion, and amortization 62,247 55,711 3.112 3,424 Other expenses. Itemize expenses not covered 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.) 181,457 a ADOPTION COSTS 181,457 177,699 177.699 e All other expenses 4,201,101 Total functional expenses. Add lines 1 through 24e . 3,714,825 281,312 204,964 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation I if following Check here ► SOP 98-2 (ASC 958-720)

Form 990 (2012) ALL GOD'S CHILDREN INTERNATIONAL INC.

93-1052909

Page 11

Pa	rt X	Balance Sheet  Check if Schedule O contains a response to any question in this Part X			
		Check it Schedule O contains a response to any question in this Part X	(A)	· T	·· (B)
			Beginning of	/ear	( <b>B)</b> End of year
П	1	Cash - non-interest-bearing	720,	657. 1	303,268
ı	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	40,	428. 4	76,875
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	Loans and other receivables from other disqualified persons (as defined und section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	er in the second se	6	1
Ą	7	Notes and loans receivable, net		7	,
š	8	Inventories for sale or use.		8	11,622
ASSETS	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part Vi of Schedule D 1,840, 2	14.		
		Less accumulated depreciation. 10b 713,4		020. 10	c 1,126,773
ı	11	Investments - publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
- {	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	-	15	
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,950,	105. 16	1,518,538
П	17	Accounts payable and accrued expenses	24,	009. <b>1</b> 7	50,529
١	18	Grants payable		18	1
	19	Deferred revenue	· ·	19	
-	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D .	2, 5351 23 2 2 2 2 2 2	21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
E	23	Secured mortgages and notes payable to unrelated third parties	879,	550. 23	819,262
Š	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third partie and other liabilities not included on lines 17-24). Complete Part X of Schedul			
$\perp$	26	Total liabilities. Add lines 17 through 25	1,072,0	11. 26	985,393
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and completines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	878,0	94. 27	533,145
Asset		Temporarily restricted net assets		28	
- 1	29	Permanently restricted net assets.		29	
P F		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
F 320	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
B4_4.201110	33	Total net assets or fund balances	878,0	94. 33	533,145
		Total liabilities and net assets/fund balances	1,950,		

Form	1 990 (2012) ALL GOD'S CHILDREN INTERNATIONAL INC.	93-105290	,' 9  Page 1	12
Par	t XI A Reconciliation of Net Assets			_
	Check if Schedule O contains a response to any question in this Part XI		Г	٦
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	3,856,152	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4,201,101	-
3	Revenue less expenses Subtract line 2 from line 1	3	-344,949	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	- 4	878,094	
5	Net unrealized gains (losses) on investments	5		_
6	Donated services and use of facilities	6		
7	Investment expenses	7		_
8	Prior period adjustments	8		_
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0	<u>.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	533,145	
Par	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII		Г	7
b	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	 eparate sudit, 	Yes No  2a X  2b X  2c X  3a X	はままする 子の音楽 これがない
b	If 'Yes.' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit		-
544	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	_
BAA			Form <b>990</b> (2012	2)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2012

Name	of the organization							Employe	r identific	ation number	
	GOD'S CHILDREN								05290		
Par	Reason for Pub	lic Charity Status	s (All organizations	must	comple	ete this	s part.	) See l	nstruc	tions.	
The o	organization is not a privi	ate foundation becaus	se it is. (For lines 1 thro	ough 11,	check of	only one	box.)				
1			ciation of churches des		n <b>sectio</b>	n 170(b	χ1χΑχί	).			
2	A school described	in section 170(b)(1)(A	Xii). (Attach Schedule	E.)							
3	A hospital or a coop	erative hospital servi	ce organization describ	ed in <b>se</b>	ction 17	'0(Ь)(1)(	A)(iii).				
4	A medical research	organization operated	d in conjunction with a l	hospital	describe	ed in se	ction 17	70(Ь)(Т)(	A)(iii). E	nter the hospital's	
	name, city, and stat							_			
5	An organization opera	ated for the benefit of a omplete Part II.)	college or university own	ned or op	erated b	y a gove	ernmenta	l unit de	scribed ii	section	
6	L_1 ' '	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	in section 170(b)(1)	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	^ لـــا		<b>70(b)(1)(A)(vi).</b> (Comple		•						
9	related to its exempt to unrelated business taxat (Complete Part III.)	functions — subject to o ble income (less section 5	ere than 33-1/3% of its supper certain exceptions, and (2 11 tax) from businesses acq	2) no moi juired by t	re than 3 he organi	3-1/3% zation aft	of its sur er June 3	oport from 0, 1975. S	ท กรกัรร เ	nvestment income a	bes ind
10			exclusively to test for pr								
11	An organization organi supported organization supporting organization	ized and operated exclu- ns described in section tion and complete line	sively for the benefit of, to 509(a)(1) or section 509 as 11e through 11h	perform (a)(2). S	the func ee <b>sectio</b>	tions of, on <b>509(a</b>	or carry <b>)(3).</b> Che	out the p ck the bo	ourposes ox that de	of one or more public escribes the type of	cly
	a Type I	Type II o	: Type III - Functio	nally int	egrated		d $\square$	Type III	- Non-f	unctionally integra	ted
е	By checking this box	r, I certify that the org managers and other th	panization is not control an one or more publicly	lled dire	ctly or in	ndirectly zations c	bv one	or more	disqual	lified nersons	
f	If the organization rec check this box	eived a written determi	nation from the IRS that	ıs a Type	e I, Type	II or Typ	ellisup	porting o	organizat	ion,	
g	Since August 17, 20	06, has the organizati	on accepted any gift of	r contrit	oution fr	om any	of the f	ollowing	persons	s?	
	<b>6</b>	d		44			lu	1 - 43		Yes	No
	(i) A person who below, the government	erning body of the su	ontrols, either alone or pported organization?		r with pe	ersons c	jescripe	in (ii)	and (III)	11 g (i)	
	(ii) A family memb	er of a person descri	bed in (i) above?							11 g (ii)	
	(iii) A 35% controll	ed entity of a person	described in (i) or (ii) a	bove?	•					. 11 g (iii)	
h	Provide the following	; information about th	e supported organization	on(s).							
	(i) Name of supported organization	(ii) EIN	(lii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (	Is the zation in i) listed in overning ment?	column (	ou notify ization in (i) of your port?	organiz colur organiza	s the calion in in (i) ed in the S.7	(vil) Amount of monet support	ary
				Yes	No	Yes	No	Yes	No		
				1	1			l			
(A)				<u> </u>	<u> </u>	ļ	ļ				
45.				1	ł						
(B)				<del> </del>	<del> </del>			ļi		····	
(C)											
(D)											
<u>(E)</u>				TEN		高齢素を	<b>電影影</b>	ENERGY.			
Total											

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

	till Support Schedule for	Organizations	Described in 3	Sections 1/0	(D)(T)(A)(IV) an	a 1/U(b)(1)(A)	<b>(</b> (VI)
	(Complete only if you checked organization fails to qualify	I the box on line 5.	7, or 8 of Part I or n	f the organization	failed to qualify un-		
Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	2,544,957.	784,897.	490,920.	1,200,902.	741,006.	5,762,682.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4	Total. Add lines 1 through 3.	2,544,957.	784,897.	490,920.	1,200,902.	741,006.	5,762,682.
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)						627,569.
6	<b>Public support.</b> Subtract line 5 from line 4						5,135,113.
Sec	tion B. Total Support	<u> </u>	<del></del>				
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	2,544,957.	784,897.	490,920.	1,200,902.	741,006.	5,762,682.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,832.	4.	532.	733.	159.	4,260.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
17	Total support. Add lines 7 through 10						5,766,942.
12	Gross receipts from related activ	rities, etc (see inst	ructions)		• •	12	0.
13	First five years. If the Form 990 is organization, check this box and		's first, second, third	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	► [
Sec	tion C. Computation of Pu	blic Support Po	ercentage				
	Public support percentage for 20	- ·		11, column (f)).		. 14	89.04%
	Public support percentage from					15	87.56%
	33-1/3% support test - 2012. If and stop here. The organization	qualifies as a pub	licly supported org	janization .	•	•	· · X
b	33-1/3% support test — 2011. If the and stop here. The organization	he organization di qualifies as a pub	d not check a box	on line 13 or 16	ia, and line 15 is 3	3-1/3% or more,	check this box

BAA

Schedule A (Form 990 or 990-EZ) 2012

b 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990-EZ) 2012

ALL GOD'S CHILDREN INTERNATIONAL INC.

93-1052909

Page 3

(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	ction A. Public Support						
	ndar year (or fiscal yr beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include						
2	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 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons.						
Ė	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
,	Add lines 7a and 7b	- <del>-</del>					
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) >	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	(e) 2012	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ □
	tion C. Computation of Put						
15	Public support percentage for 20	12 (line 8, column	ı (f) dıvıded by lın	e 13, column (f))		. 15	%
16	Public support percentage from 2	2011 Schedule A,	Part III, line 15.			. 16	ક
Sec	tion D. Computation of Inv	estment Incon	ne Percentage	:			
	Investment income percentage for				mn (f)) .	17	8
	Investment income percentage fr			=		18	%
19 a	<b>33-1/3% support tests</b> $-$ <b>2012.</b> If is not more than 33-1/3%, check	the organization of this box and stor	did not check the here. The organ	box on line 14, a ization qualifies a	nd line 15 is more is a publicly suppo	than 33-1/3%, and orted organization	
b	<b>33-1/3% support tests</b> - <b>2011.</b> If line 18 is not more than 33-1/3%	the organization ( , check this box a	did not check a bo ind <b>stop here.</b> The	ox on line 14 or li e organization qua	ne 19a, and line 1 alifies as a publici	6 is more than 33- y supported organia	1/3%, and zation ►
20	Private foundation. If the organiz	ration did not che	ck a box on line 1	4, 19a, or 19b, cl	neck this box and	see instructions	▶ 🗍

BAA

		(Form 9				AL	L GOD	) ' S	CHIL	DREN	INTER	RNATIO	NAL	INC.		93-	10529	909		Páge 4
Part	IV 🖫	Supp Part (See	<b>leme</b> ll, line instru	ntal In 17a ictions	i <b>form</b> or 17t s).	ation. o; and	Comp Part I	olete II, III	this ne 12	part to Also	provid compl	de the e lete this	expla par	anation t for ar	s rec ny ac	juired idition	by Pal inf	art II, I ormatio	ine 1 on.	0;
						<u>-</u>							- <del>-</del> -							
																				<b></b>
									<del>_</del>					. <b>-</b>		- <b></b> -			- <b></b>	
								<b>-</b> -												
															÷ — — :					
	- <del></del>																			
					- <b>-</b>															
								- <b></b>												
<b></b>										<u> </u>				. <del></del>						
	<del>-</del>													. — — -						
								 											- <b>-</b> -	
														. <b>_</b>						
														· <b></b>						
																	<b>-</b> -			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2072

Open to Public
Inspection
Employer identification number

A]	LL GOD'S CHILDREN INTERNATIONAL			93	-1052909	
P	ort I Organizations Maintaining Donor	Advised Funds or Of	her Similar Fu	nds or Accour	nts. Comple	te if
	the organization answered 'Yes' to	<del></del>		455		<del></del>
1	Total number at end of year	(a) Donor advise	a tunas	(b) Funds	and other acc	ounts
	2 Aggregate contributions to (during year).					
3					·····	<del></del>
_	Aggregate value at end of year					
_	, ,	1 1 1 - 1				
5	are the organization's property, subject to the o	organization's exclusive lega	al control? .	•	Yes	☐ No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in wri	ting that grant fund or, or for any other	ds can be used or purpose conferri	nly ng Yes	∏No
٥	ार्ग ि Conservation Easements. Comple		answered 'Yes'	to Form 990	_ []	
	Purpose(s) of conservation easements held by			10 1 01111 330,	rartiv, mie	<del>5 / .</del>
	Preservation of land for public use (e.g., re-	,		f an historically in	mportant land :	area
	Protection of natural habitat	•		f a certified histo		
	Preservation of open space					
2	<ul> <li>Complete lines 2a through 2d if the organization he last day of the tax year</li> </ul>	eld a qualified conservation co	ntribution in the form	n of a conservation	easement on t	he
				Held a	at the End of th	e Tax Year
	a Total number of conservation easements			. 2a		
	<b>b</b> Total acreage restricted by conservation easem	ents		2 b		
	c Number of conservation easements on a certifie	ed historic structure include	dın (a)	2 c		
	d Number of conservation easements included in structure listed in the National Register .			_ 2 d		
3	Number of conservation easements modified, transft tax year ▶	ferred, released, extinguished	, or terminated by th	ne organization dur	ing the	
4	Number of states where property subject to conserv	ration easement is located 🟲		_		
5	Does the organization have a written policy rega and enforcement of the conservation easements	arding the periodic monitori s it holds?	ng, inspection, har	idling of violations	s, Yes	No
6	Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing conse	rvation easements o	during the year	L.	
7	Amount of expenses incurred in monitoring, inspect ►\$	ing, and enforcing conservati	on easements during	g the year		
8	Does each conservation easement reported on it and section 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the r	equirements of sec	ction 170(h)(4)(B)	(i) Yes	No
9	In Part XIII, describe how the organization reports conclude, if applicable, the text of the footnote to conservation easements	onservation easements in its the organization's financial	revenue and expens statements that de	se statement, and tescribes the organ	صا palance sheet, a nization's accor	nd unting for
á	Organizations Maintaining Collect Complete if the organization answer	t <mark>ions of Art, Historica</mark> ered 'Yes' to Form 990	Treasures, or ), Part IV, line 8	Other Similar 3.	Assets.	
1 :	a If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financi	for public exhibition, education	on, or research in fu	ue statement and rtherance of public	balance sheel service, provide	works of
i	b If the organization elected, as permitted under S historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to republic exhibition, education, o	oort in its revenue s or research in further	statement and bai ance of public sen	lance sheet wo vice, provide the	rks of art,
	(i) Revenues included in Form 990, Part VIII, In	ne 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	
2	If the organization received or held works of art, hist amounts required to be reported under SFAS 11	torical treasures, or other sim 6 (ASC 958) relating to the	ilar assets for financi se items:	ial gain, provide th	ne following	
ě	a Revenues included in Form 990, Part VIII, line 1				<b>►</b> \$	
ŧ	Assets included in Form 990, Part X	_		_	►s	<del></del>

Schedule D (Form 990) 2012 ALL 0	OD'S CHIL	DREN INTERN	ATIONAL INC.		93-10	52909		Page 2
Partill Organizations Mainta	ining Collect	ions of Art, H	istorical Treasu	res, or O	ther Similar As	sets (c	ontinu	ied)
3 Using the organization's acquisition items (check all that apply).	, accession, and	other records, che	ck any of the following	ng that are a	significant use of it	s collectio	n	
a Public exhibition		d La	oan or exchange pro	ograms				
<b>b</b> Scholarly research		e [ ] O	ther					
c Preservation for future gener  4 Provide a description of the organiz		s and explain how	they further the orga	nozation's e	xempt purpose in			
Part XIII.		•	,		, , ,			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be maint	ained as part of t	he organization's co	ollection?		Yes	[	No
Part V Escrow and Custodial Arra	n Form 990,	mplete if the organic Part X, line 21	anization answered	Yes to F	orm 990, Part IV, I	ne 9, or		
1 a is the organization an agent, trus on Form 990, Part X?	• •			ns or other	assets not included	Yes	[	No
<b>b</b> if 'Yes,' explain the arrangement	in Part XIII and	I complete the fol	lowing table:			Amoun		
c Beginning balance	_				1c	Amoun		<del></del>
d Additions during the year			••		1 d			···
e Distributions during the year .					1 e			
f Ending balance	.,				11	·	· · · · · · · · · · · · · · · · · · ·	<del></del>
2a Did the organization include an a	mount on Form	990, Part X, line	21?		• • •	Yes	T	No
b If 'Yes,' explain the arrangement	in Part XIII. Ch	eck here if the ex	plantion has been	provided in	Part XIII		r	7
							L	
Párt V Endowment Funds. C	omplete if th	e organization	answered 'Yes	' to Form	990, Part IV, I	ne 10.		
	(a) Current	<b>(b)</b> Prio	r year (c) Two	years	(d) Three years	(e) F	our yea	irs
1 a Beginning of year balance .								
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses .				<del></del>				
g End of year balance								<del></del>
2 Provide the estimated percentage	e of the current	year end balance	(line 1g, column (	a)) held as	·	<del></del>		
a Board designated or quasi-endowm	ent 🟲	용						
<b>b</b> Permanent endowment ►	8							
c Temporarily restricted endowmer	nt 🟲	8						
The percentages in lines 2a, 2b,	and 2c should e	equal 100%.						
3 a Are there endowment funds not in the	ha naccaecian af	the erganization t	ant are held and adm	nunictored fo	r the			
organization by:	rie possession or	the organization to	nat are new and adm	iiriisterea io	r Gre	ſ	Yes	No
(i) unrelated organizations .						3a(i)		†
(ii) related organizations						. 3a(ii)		
b If 'Yes' to 3a(n), are the related of	organizations lis	ted as required o	n Schedule R?			. 3b		
4 Describe in Part XIII the intended	duses of the or	ganization's endo	wment funds					الــــــــــــــــــــــــــــــــــــ
Part VI Land, Buildings, and	Equipment.	See Form 990	, Part X, line 10	).				
Description of property	(6	a) Cost or other ba (investment)	asis (b) Cost or obasis (oth		(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land			175,	, 000 . 🏄	是自己是		175	,000.
<b>b</b> Buildings			775,	,000.	332,325.			,675.
c Leasehold improvements			270	,899.	116,304.			,595.
<b>d</b> Equipment .				,315.	264,812.			,503.
e Other						<del>                                     </del>		,
Total. Add lines 1a through 1e (Column		al Form 990, Part	X, column (B), line	e 10(c))	, >	1	.126	,773.
BAA	·····				Sche	dule <b>D</b> (Fo		

Schedule D (Form 990) 2012 ALL GOD'S CHILDRE Part VII Investments — Other Securities. See	Form 900 Part V	line 12	N/A			
	(b) Book value	, inte 12.		nod of valuat	ion Cost or	
(a) Description of security or category (including name of security)	(3) 2001110		end-	of-year mark	et value	
(1) Financial derivatives						
(2) Closely-held equity interests						<del></del>
(3) Other		<del> </del>				······································
(A)		ļ	_		·	
(B)			-		<del></del>	
(C)		-				
(D) (E) (F)	·	<del> </del>	· · · · · · · · · · · · · · · · · · ·			
(E)		<del> </del>				. =
(G)	-	+		···.		
(H)		<del> </del>	····		<del></del>	<del></del>
(I)						<del></del>
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		Later Later	施製度調	Element de desert		24(2) <b>242</b> (2)
Part VIII Investments - Program Related. See	1		N/A			でいる。またと
(a) Description of investment type	(b) Book value	1		nod of valuati	on: Cost or	
(4)	(3) 33311 (4)		end-	of-year mark	et value	
(1)						
(2)			· · · · · · · · · · · · · · · · · · ·			
(3)						
(4)	<u></u>					·
(5)	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
(6)		ļ				·······
(7)						
(8)		1				
	<del> </del>	<u> </u>				
(9)						
(9) (10)		Edder Consess	tor. The state of	\$\$\f\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(allege state) a	Y honorom
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	1		78-18-18-18-18-18-18-18-18-18-18-18-18-18			
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X,	line 15. N/I	Linders is a service and	14:14 (14)		(b) Book	value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De	1	Linders is a service and			<b>(b)</b> Book	value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX: Other Assets. See Form 990, Part X, (a) De	line 15. N/I	Linders is a service and			<b>(b)</b> Book	value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De	line 15. N/I	Linders is a service and			<b>(b)</b> Book	value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De (1) (2)	line 15. N/I	Linders is a service and			<b>(b)</b> Book	value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X,  (a) De (1) (2) (3)	line 15. N/I	Linders is a service and			<b>(b)</b> Book	value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X,  (a) De (1) (2) (3) (4)	line 15. N/I	Linders is a service and			<b>(b)</b> Book	value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7)	line 15. N/I	Linders is a service and			(b) Book	value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8)	line 15. N/I	Linders is a service and			(b) Book	value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	line 15. N/I	Linders is a service and			(b) Book	value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	line 15. N/Z	Linders is a service and			(b) Book	value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets. See Form 990, Part X,  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (c)	line 15. N/Zescription  B), line 15.)	Linders is a service and			( <b>b</b> ) Book	value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (C) Part X Other Liabilities. See Form 990, Part	B), line 15.) X, line 25					value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Description of liability	line 15. N/Zescription  B), line 15.)					value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX: Other Assets. See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes	B), line 15.)  X, line 25  (b) Book value					value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES	B), line 15.)  X, line 25  (b) Book value	77.				value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) CLIENT DEPOSITS	B), line 15.)  X, line 25  (b) Book value	77.				value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. See Form 990, Part X, column (C) (1) Federal income taxes (2) ACCRUED EXPENSES (3) CLIENT DEPOSITS (4)	B), line 15.)  X, line 25  (b) Book value	77.				value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) CLIENT DEPOSITS (4) (5)	B), line 15.)  X, line 25  (b) Book value	77.				value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) CLIENT DEPOSITS (4) (5) (6)	B), line 15.)  X, line 25  (b) Book value	77.				value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX: Other Assets. See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X: Other Liabilities. See Form 990, Part X, column (C) (1) Federal income taxes (2) ACCRUED EXPENSES (3) CLIENT DEPOSITS (4) (5) (6) (7)	B), line 15.)  X, line 25  (b) Book value	77.				value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX: Other Assets. See Form 990, Part X, (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. See Form 990, Part (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) CLIENT DEPOSITS (4) (5) (6) (7) (8)	B), line 15.)  X, line 25  (b) Book value	77.			•	value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X,  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. See Form 990, Part X, column (C)  (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) CLIENT DEPOSITS (4) (5) (6) (7) (8) (9)	B), line 15.)  X, line 25  (b) Book value	77.			•	value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. See Form 990, Part X,  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. See Form 990, Part X, column (C) (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) CLIENT DEPOSITS (4) (5) (6) (7) (8) (9) (10)	B), line 15.)  X, line 25  (b) Book value	77.			•	value
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part X Other Assets. See Form 990, Part X,  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. See Form 990, Part  (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) CLIENT DEPOSITS (4) (5) (6) (7) (8) (9)	B), line 15.)  X, line 25  (b) Book value  53, 1	77.			•	value

Schedule D (Form 990) 2012 ALL GOD'S CHILDREN INTERNATIONAL I	NC.	93-1052909	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue pe		
			,856,152.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		強塞	
a Net unrealized gains on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		<del> </del>	,856,152.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	] [	W. To.	7020/202.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b.		. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	,856,152.
Part XII Reconciliation of Expenses per Audited Financial Statement	nts With Expenses r	er Peturn	,000,102.
1 Total expenses and losses per audited financial statements	ito (vitii Expenses p		,201,101.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			,201,101.
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d.		. 2e	
3 Subtract line 2e from line 1	• • • •		201 101
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	Metal 4	,201,101.
a investment expenses not included on Form 990, Part VIII, line 7b.	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b	<del></del>	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5 4	,201,101.
Part XIII Supplemental Information		······································	, = = , = , = ,
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9: Part III, lines 3, and 9: Part III,	ort III. lines 1a and 4. Par	t (V lines 1h and 3	Ph: Part V
line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also com	plete this part to provide	any additional info	rmation.
			<del>-</del>
			<b></b>
BAA		Schedule D (Fo	rm 990) 2012

ALL GOD'S CHILDREN INTERNATIONAL INC.

No

#### 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

Employer identification number

93-1052909

General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

0,02 0.2.00,											
3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (f) Total											
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region						
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
<i>(</i> 7)											
(8)											
(9)											
(10)											
(11)											
(12)					······································						
(13)					7						
(14)											
(15)											
(16)											
(17)			Section of the Control of the Contro	constitution is							
3a Sub-total.											
<b>b</b> Total from continuation sheets to Part I.											
C Totale (add lines 3s and 3h)	0	0	がある。	<b>新学者和主意的的生产</b>	^						

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

Schedule F (Form 990) 2012

Part In 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. Part II can be duplicated if additional space is needed. 93-1052909 ALL GOD'S CHILDREN INTERNATIONAL INC. Schedule F (Form 990) 2012

Page 2

(i) Method of valuation (book, FMV, appraisal, other)																	
(h) Description of non-cash assistance																	
(g) Amount of non-cash assistance																	
(f) Manner of cash disbursement	CHECKS & WIR	CHECKS AND WIRE		AND WIRE	CHECKS AND WIRE		AND WIRE	TRANSFERS	CHECKS AND WTRE	TRANSFERS	AND WIRE TRANSFERS	CHECKS AND WIRE		AND WIRE	CHECKS &	CHECKS & WIR	
(e) Amount of cash grant			253, 113.	291.962		458, 740.		437.		38,000.	53, 297.		113.	29,379.	1	• • •	
(d) Purpose of grant	ORPHANAG E SU	ORPHANAG E	SUPPORT	ORPHANGE SUPPORT	ORPHANAG	SUPPORT	E	SUPPORT	ORPHANAG	SUPPORT	E SUPPORT	ORPHANAG E	SUPPORT ORPHANAG	E SUPPORT	ORPHANAG F. SII	ORHPANAG E SU	
(c) Region			BULGARIA	CHINA		ETHIOPIA		GHANA		GUATEMALA	HAITI		MEXICO	RWANDA	TAIWAN	UGANDA	
(b) IRS code section and EIN (if applicable)																	
1 (a) Name of organization	(II)	a	(9)	(4)	(0)	9)			(0)	(9)	(10)	(1)	(12)	(13)	(14)	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7

3 Enter total number of other organizations or entities BAA

11 Schedule F (Form 990) 2012

TEEA3502L 12/17/12

Page 3

93-1052909

ALL GOD'S CHILDREN INTERNATIONAL INC.

Schedule F (Form 990) 2012

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2012 (g) Description of non-cash assistance Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance (18) (18) (18) € 3 € <u>©</u> 6 8 6 <u>6</u> E) (13) (14) 1 (12) (1) ହ (12) (16)

TEEA3503L 12/17/12

		93-1052909	Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	. Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520. Annual Return To Report Transactions with Foreign Trusts and Receipt of Cen Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	taın Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cert Foreign Corporations. (see Instructions for Form 5471)	tain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualification global during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	ed Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	. Yes	X No
BAA	TEEA3505L 12/17/12	Schedule F (Fo	rm 990) 2012

Schedule F	(Form 99	0) 2012	ALL	GOD'	S CHI	LDREN	INT	ERNAT	IONAL	INC.		9	<del>9</del> 3-105	2909		Page 5
Part V	Supple	menta)	Infor	nation	}											
	Comple column (accour recipier	te this (f) (accenting ments), as	part to counti ethod) applic	o prov ng me ); Part cable.	ide the thod; a III (ac Also c	e informamount counting complet	nation is of in ing me e this	requinvestrethod); part t	red by nents v and P to prov	Part I, vs experient III, ide any	line 2 (n enditures column ( y addition	nonitori per reg c) (esti al infor	ng of fu gion); P mated i mation	inds); art II, numbe (see i	Part I, line 1 er of nstruct	line 3,
								. <b></b> _						_~		
															· <del>-</del>	
								. <b></b> .								
	<u></u>		- <b></b> -			. – – – –										
			- <b>-</b> -													
							. — <del></del>	,			. – – – –					
<del></del>																
								<b></b> -								
<b>_</b>			<del>-</del>													
														- <b></b> -		
			<b>-</b> -		سر جي بند سن	<b>-</b> -										
								·								
			<b>-</b> -													
						. <b></b> _	. – – –									
				. <b></b> .												
													<b>-</b> -			

SCHEDULE L (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury internal Revenue Service Name of the organization

Name of the organization
ALL GOD'S CHILDREN INTERNATIONAL INC.

Employer identification number

93-1052909

Part 1 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Cor	rrected?
•		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

. **\***\$-

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Partal Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or m the ization?	(e) Onginal principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												$\Box$
(6)												
(7)												
(8)												
(9)												
(10)								$\neg$				
otal					<b>▶</b> \$		推进	沙龍性		等 经		17-11

Partill Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					T
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L' (Form 990 or 990-EZ) 2012 ALL	GOD'S CHILDREN I	NTERNATIONAL IN	93-1052909	F	Page 2
Part V Business Transactions Invo Complete if the organization answer					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
(1) BRIAN BEAZELY DESIGN	EXEC DIR SIBLI	51,324.	IT CONSULTING	Yes	No X
(2)					
(3)					
(4)	-			-	<b></b>
(5) (6)					<del> </del>
Ø.					
(8)					
(9)					
(10) Part V Supplemental Information	.]				
Complete this part to provide addition	nal information for response	s to questions on Schedule	L (see instructions).		
				<del>-</del> -	
				- <b></b> -	
					- <b></b>
				- <b></b> .	
		·			
		·			
					<del>-</del>
		·			

# JUJU 1 . UUL TUTU

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

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

OMB No. 1545-0047

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number ALL GOD'S CHILDREN INTERNATIONAL INC 93-1052909 FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC. ONE KEY EMPLOYEE OF THE ORGANIZATION IS THE FOUNDERS' DAUGHTER. ARE MARRIED TO ONE ANOTHER. BROTHER OF THE EXECUTIVE DIRECTOR PROVIDES IT CONSULTING WORK TO THE ORGANIZATION. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS EACH BOARD MEMBER IS PROVIDED WITH A COPY OF FORM 990 TO REVIEW OUTSIDE OF A FORMAL BOARD MEETING. INPUT AND COMMENTS FROM THE BOARD IS COORDINATED BY THE ORGANIZATION AND UTILIZED IN THE 990. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE AVAILABLE UPON REQUEST