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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.

OMB No 1545-0047 2012 Open to Public Inspection

| 4 For the 201                                     | 2 calendar year, or tax year beginnind              | 6/01/12 , and en                      | ding 05/31/                            | 13                                             |                    |                           |
|---------------------------------------------------|-----------------------------------------------------|---------------------------------------|----------------------------------------|------------------------------------------------|--------------------|---------------------------|
| Check if applicable X Address change              | •                                                   | NDATION, INC                          |                                        | <del></del>                                    | D Employ           | er identification number  |
| <b>=</b>                                          | Doing Business As                                   | IDELION, INC                          |                                        | <del></del>                                    | 03-                | 1148608                   |
| Name change                                       | Number and street (or P O box if mail is not delive | ered to street address)               |                                        | Room/suite                                     | E Telepho          |                           |
| Initial return                                    | 4475 SW SCHOLLS FERRY                               | ·                                     |                                        | 170                                            |                    | -698-4084                 |
| Terminated                                        | City, town or post office, state, and ZIP code      | ROAD                                  |                                        | 170                                            | 303                | -030-4004                 |
| Amended return                                    | PORTLAND                                            | OR 97225                              |                                        |                                                | G Gross recei      | ipts 2,566,5              |
|                                                   | F. Name and address of procupal officer:            | <u> </u>                              | <del></del>                            | <u> </u>                                       | G Giossiecei       | piss                      |
| Application pendir                                | PEYMAN RAOOFI                                       |                                       |                                        | H(a) Is this a                                 | group return for a | affiliates? Yes X         |
|                                                   | 4475 SW SCHOLLS FE                                  | RRY ROAD #17                          | 70                                     | H(b) Are all a                                 | filiates included  | y Yes                     |
|                                                   | PORTLAND                                            | OR 97225                              |                                        | II "N                                          | o," attach a list  | (see instructions)        |
| Tax-exempt state                                  |                                                     | (insert no ) 4947(a)(1)               | or 527                                 | 7                                              |                    |                           |
|                                                   | WWW.CHILDFOUNDATION.                                |                                       | <u> </u>                               | H(c) Group e                                   | cemption numb      | er 🏲                      |
| Form of organizat                                 |                                                     | Other >                               |                                        | Year of formation 1                            |                    | M State of legal domicile |
|                                                   | Summary                                             | 1 Other P                             |                                        | 1001 (11011100011                              |                    | . Claid of rogal continue |
|                                                   | describe the organization's mission or mo           | st significant activities:            | ······································ |                                                |                    |                           |
|                                                   | MANITARIAN AID                                      | or organization                       |                                        |                                                | •                  | ,                         |
| HUM 2 Check 3 Number 4 Number 5 Total n 6 Total n |                                                     | •                                     | •                                      | •                                              | ••                 | ••                        |
| Ē                                                 |                                                     | • •                                   |                                        |                                                |                    |                           |
| a Charle                                          | this have N is the amonimation discounting          |                                       |                                        | - 250/ -fit                                    |                    |                           |
| 2 Check                                           | this box 📐 if the organization disconting           | -                                     | posed of more that                     | n 25% of its ne                                | 1 . 1              | E                         |
| a 3 Numbe                                         | er of voting members of the governing bod           |                                       |                                        |                                                | 3                  | 5                         |
| i 4 Numbe                                         | er of independent voting members of the g           |                                       |                                        |                                                | 4                  | 5                         |
| 💈   5 Totaln                                      | umber of individuals employed in calenda            | r year 2012 (Part V, line             | 2a)                                    | •                                              | 5                  | 10                        |
| 6 Total n                                         | umber of volunteers (estimate if necessar           | y) <u> </u>                           |                                        | •                                              | 6                  | 50                        |
| 7a Total u                                        | nrelated business revenue from Part VIII,           | column (C), line 12                   |                                        |                                                | 7a                 |                           |
| b Net un                                          | related business taxable income from Fori           | n 990-T, line 34 ,                    |                                        |                                                | 7b                 |                           |
|                                                   |                                                     |                                       | RECE                                   | Prior Ye                                       |                    | Current Year              |
| 8 Contrib                                         | outions and grants (Part VIII, line 1h)             | . 1                                   |                                        |                                                | 2,875              | 2,448,6                   |
| 9 Progra                                          | m service revenue (Part VIII, line 2g)              |                                       | 0 000                                  |                                                |                    |                           |
| 9 Progra                                          | nent income (Part VIII, column (A), lines 3         | , 4, and 7d)                          | 용 DEC 2 3                              | 2013 0                                         | 502                | 4                         |
| 11 Other                                          | evenue (Part VIII, column (A), lines 5, 6d,         | -                                     | 1                                      | 3'                                             | 7,520              | 83,6                      |
|                                                   | evenue – add lines 8 through 11 (must eq            | - I                                   | line 12)                               | 2.,34                                          | 7,897              | 2,532,8                   |
|                                                   | and similar amounts paid (Part IX, column           |                                       |                                        |                                                | 3,696              | 1,531,8                   |
|                                                   | s paid to or for members (Part IX, column           |                                       | •                                      |                                                |                    |                           |
| 4                                                 | s, other compensation, employee benefits            | · ·                                   | es 5–10)                               | 439                                            | 3,350              | 337,5                     |
| 16a Drofee                                        | sional fundraising fees (Part IX, column (A         |                                       | cs 0=10)                               |                                                | ,,550              | 331,73                    |
| 15 1                                              | undraising expenses (Part IX, column (D),           |                                       | 1,721                                  |                                                |                    |                           |
| S D Total in                                      | • • • • • • • • • • • • • • • • • • • •             | •                                     | -, , ,                                 | 900                                            | 9,502              | 463,0                     |
| 17 Other t                                        | expenses (Part IX, column (A), lines 11a-           | · · · · · · · · · · · · · · · · · · · |                                        |                                                |                    |                           |
|                                                   | xpenses. Add lines 13–17 (must equal Pa             |                                       | )                                      | 2,76.                                          | L,548              | 2,332,4                   |
| 19 Reven                                          | ue less expenses. Subtract line 18 from lir         | ne 12                                 |                                        | -42(                                           | 0,651              | 200,4                     |
| 20 Total a                                        | anata (Dart V. Erra 40)                             |                                       |                                        | Beginning of Cu                                |                    | End of Year               |
| ZU lotala                                         | ssets (Part X, line 16)                             |                                       |                                        |                                                | L,257              | <u>582,9</u>              |
| 21 Total li                                       | abilities (Part X, line 26)                         |                                       |                                        |                                                | 3,653              | 399,9                     |
|                                                   | sets or fund balances. Subtract line 21 from        | m line 20                             |                                        | -1                                             | 7,396              | 183,0                     |
|                                                   | Signature Block                                     | <del></del>                           |                                        |                                                |                    | ···-                      |
|                                                   | of perjury, I declare that I have examined this r   | eturn, including accompany            | ing schedules and st                   | atements, and to                               | the best of n      | ny knowledge and bel      |
| true, correct, and                                | d complete. Peclaration of preparer (other than     | omcer) is based on all info           | mation of which prep                   | parer nas any kno                              | wiedge             | <del>-,</del>             |
|                                                   | Termin                                              |                                       |                                        |                                                |                    | · 16 · 13                 |
| ign                                               | Signature of officer                                |                                       |                                        |                                                | Date               |                           |
| lere                                              | DR. PEYMAN RAOOFI                                   |                                       | PRESI                                  | DENT                                           |                    |                           |
| 1 7                                               | Type or print name and title                        |                                       |                                        |                                                |                    |                           |
| Print/I                                           | ype preparer's name                                 | Preparer's signature                  | <del></del>                            | Date                                           | Check              | X f PTIN                  |
| Print/I<br>aid SUSA                               | N HAASE                                             | SUSAN HAASE                           |                                        | 10/02                                          |                    | loyed P00078307           |
| reparer   SUSA                                    |                                                     |                                       |                                        | <del></del>                                    | irm's EIN          | 20-566437                 |
| Ise Only                                          |                                                     |                                       | 309                                    |                                                | IIIIS EIN F        | 20 300437                 |
|                                                   | 395 OYSTER PO                                       |                                       |                                        | ,                                              |                    | CEN_EDD FC                |
|                                                   | address > SOUTH SAN FRA                             | <del></del>                           | <u>94080-193</u>                       | <u>+                                      </u> | hone no            | 650-588-52                |
|                                                   | cuss this return with the preparer shown a          |                                       | <u></u>                                |                                                | <u> </u>           | Yes                       |
| or Paperwork R                                    | eduction Act Notice, see the separate instru        | ctions.                               |                                        |                                                |                    | Form 990 (                |

|                           | CHILD FOUNDATION                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 93-1148608                                                                           | Page      |
|---------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------|
|                           | atement of Program Services if Schedule O contain | vice Accomplishments s a response to any question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | n in this Part III                                                                   | X         |
| Briefly descri            | be the organization's mission                     | a composition of the composition |                                                                                      |           |
| SEE SCHE                  | DULE O                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
| 2 Did the organ           | nization undertake any significan                 | t program services during the year v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | which were not listed on the                                                         |           |
| •                         | 30 or 990-EZ?<br>cribe these new services on Sch  | edule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      | Yes X No  |
| 3 Did the organ services? | nization cease conducting, or ma                  | ke significant changes in how it con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ducts, any program                                                                   | Yes X No  |
|                           | cribe these changes on Schedule                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
| expenses Se               |                                                   | ganizations are required to report th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ee largest program services, as measure<br>ne amount of grants and allocations to ot | -         |
| la (Code<br>SEE PROG      | ) (Expenses \$                                    | including grants of\$ ENTS UNDER ADDITON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ) (Revenue \$ NAL INFORMATION                                                        | 2,532,865 |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
| 4b (Code                  | ) (Expenses \$                                    | including grants of\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ) (Revenue \$                                                                        |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
| 4c (Code                  | ) (Expenses \$                                    | including grants of\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ) (Revenue \$                                                                        |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
|                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      |           |
| 4d Other progra           | m services (Describe in Schedu<br>1,960,500 inclu | le O)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 62 ) (Revenue \$                                                                     |           |
|                           |                                                   | 1,960,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | / ( instantion of                                                                    |           |

## Part IV Checklist of Required Schedules

|     |                                                                                                                                                                                                                                            | r——     | Yes        | No                              |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|---------------------------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"                                                                                                                              | l       |            |                                 |
|     | complete Schedule A                                                                                                                                                                                                                        | 1_      | X          |                                 |
| 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       |            | X                               |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)                                                                                                                              |         |            |                                 |
|     | election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                             | 4       |            | X                               |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,                                                                                                                               |         |            |                                 |
|     | assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,                                                                                                                                      |         |            | i                               |
|     | 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                                                                                                                                |         |            |                                 |
|     | "Yes," complete Schedule D, Part I                                                                                                                                                                                                         | 6       |            | <u> </u>                        |
| 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      |            | x                               |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,                                                                                                                               | <u></u> |            |                                 |
| -   | VII, VIII, IX, or X as applicable                                                                                                                                                                                                          |         |            |                                 |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"                                                                                                                                     |         |            |                                 |
| _   | complete Schedule D, Part VI                                                                                                                                                                                                               | 11a     | x          |                                 |
| h   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more                                                                                                                               | 114     |            |                                 |
| -   | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                                   | 11b     |            | x                               |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more                                                                                                                                |         |            |                                 |
| •   | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                                  | 11c     |            | x                               |
| Н   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets                                                                                                                           | 110     |            |                                 |
| -   | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                                        | 11d     |            | x                               |
| 6   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                      | 11e     | х          |                                 |
|     | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                                                    | -116    | ~          |                                 |
| •   | the organization's Separate of consolidated infancial statements for the tax year include a location that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f     | ı          | X                               |
| 122 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                                                        | - 111   |            |                                 |
| ıza | Schedule D, Parts XI and XII                                                                                                                                                                                                               | 420     | x          |                                 |
| h   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if                                                                                                                 | 12a     | ^-         |                                 |
| U   | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                                                       | 425     |            | v                               |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                          | 12b     | -          | $\frac{\mathbf{x}}{\mathbf{x}}$ |
|     |                                                                                                                                                                                                                                            | 13      | ₩          |                                 |
|     | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                | 14a     | X          |                                 |
| D   | 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                                                                                                                                  |         | <b></b>    |                                 |
|     | 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                                                                                                                               |         | <b>,</b> , |                                 |
|     | 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                                                                                                                            |         | l          |                                 |
|     | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                          | 16      |            | <u>_X</u>                       |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on                                                                                                                             |         | ĺ          | **                              |
|     | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                                             | 17      |            | <u> </u>                        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on                                                                                                                                |         |            |                                 |
|     | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                         | 18      | X          |                                 |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?                                                                                                                               |         | -          |                                 |
|     | If "Yes," complete Schedule G, Part III                                                                                                                                                                                                    | 19      | <b> </b>   | <u>X</u>                        |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                | 20a     |            | <u>X</u>                        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                               | 20b     | 000        |                                 |
|     |                                                                                                                                                                                                                                            |         |            |                                 |

Form 990 (2012) CHILD FOUNDATION, INC
Part 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                                                                                                      |           |           | 7.7      |
|     | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                  | 21        |           | X        |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                     | 22        |           | x        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                                                                                                                 | 1         | <b></b>   | -22      |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated                                                                                                             |           |           |          |
|     | employees? If "Yes," complete Schedule J                                                                                                                                                                            | 23        |           | X        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                                                                                                                 | 1         | <b></b> - |          |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b                                                                                                       |           |           |          |
|     | through 24d and complete Schedule K if "No," go to line 25                                                                                                                                                          | 24a       |           | х        |
| b   | 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       |           |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                             | 24d       |           |          |
|     | 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       |           | X        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior                                                                                                    |           |           |          |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?                                                                                                        |           |           |          |
|     | If "Yes," complete Schedule L, Part I                                                                                                                                                                               | 25b       |           | X        |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, 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        |           | X        |
| 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                                                                                                             | i i       |           |          |
|     | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                                                                                                                            | 27        |           | X        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,                                                                                                           |           |           |          |
|     | Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                                  |           |           |          |
|     | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                                                                                                             | 28a       |           | <u> </u> |
| D   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete                                                                                                              |           |           | 77       |
| _   | Schedule L, Part IV                                                                                                                                                                                                 | 28b       |           | <u> </u> |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)                                                                                                     | 000       |           | v        |
| 29  | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M    | 28c<br>29 |           | X        |
| 30  | Did the organization receive more than \$25,000 in non-cash contributions? If Tes, complete schedule will be organization receive contributions of art, historical treasures, or other similar assets, or qualified | 25        |           |          |
| -   | conservation contributions? If "Yes," complete Schedule M                                                                                                                                                           | 30        |           | X        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,                                                                                                         | "         |           |          |
|     | Part I                                                                                                                                                                                                              | 31        | ł         | X        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"                                                                                                             |           | -         |          |
|     | complete Schedule N, Part II                                                                                                                                                                                        | 32        |           | X        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                                          |           |           |          |
|     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I                                                                                                                                           | 33        | أ         | X        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,                                                                                                     |           |           |          |
|     | or IV, and Part V, line 1                                                                                                                                                                                           | 34        |           | X        |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                             | 35a       |           | X        |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a                                                                                                             | 1 1       |           |          |
|     | 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                                                                                                                | 1 1       |           |          |
|     | related organization? If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                 | 36        |           | <u> </u> |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                                    |           | İ         |          |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,                                                                                                                |           | 1         |          |
|     | Part VI                                                                                                                                                                                                             | 37        |           | <u>X</u> |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and                                                                                                          |           | Ţ.        |          |
|     | 19? Note. All Form 990 filers are required to complete Schedule O                                                                                                                                                   | 38        | X         |          |
|     |                                                                                                                                                                                                                     | Form      | . 990     | (2012)   |

| Pa      | Statements Regarding Other IRS Filings and Tax Compliance                                                                                                                  |             |     | $\Box$              |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|---------------------|
|         | Check if Schedule O contains a response to any question in this Part V                                                                                                     |             |     | <del>-  -  </del> - |
| 12      | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable                                                                                                |             | Yes | No                  |
| b       | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b                                                                                         | $\dashv$    |     |                     |
| C       | Did the organization comply with backup withholding rules for reportable payments to vendors and                                                                           | $\dashv$    |     |                     |
| ·       | reportable gaming (gambling) winnings to prize winners?                                                                                                                    | 1c          | х   | İ                   |
| 2a      |                                                                                                                                                                            | <u>  'C</u> |     |                     |
|         | Statements, filed for the calendar year ending with or within the year covered by this return  2a 10                                                                       |             |     |                     |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                             | 2b          | x   |                     |
| ~       | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                                                  | 120         |     |                     |
| 3a      |                                                                                                                                                                            | 3a          |     | x                   |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                           | 3b          |     |                     |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority                                                          | 100         |     |                     |
|         | over, a financial account in a foreign country (such as a bank account, securities account, or other financial                                                             |             |     |                     |
|         | account)?                                                                                                                                                                  | 4a          | x   |                     |
| ь       | If "Yes," enter the name of the foreign country ▶ UNITED ARAB EMIRATES                                                                                                     |             |     |                     |
|         | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts                                                              |             |     |                     |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                      | 5a          |     | X                   |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                           | 5b          |     | X                   |
| С       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                          | 5c          |     |                     |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                                                                     |             |     |                     |
|         | organization solicit any contributions that were not tax deductible as charitable contributions?                                                                           | 6a          |     | X                   |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or                                                             |             |     |                     |
|         | gifts were not tax deductible?                                                                                                                                             | 6b          |     |                     |
| 7       | Organizations that may receive deductible contributions under section 170(c).                                                                                              |             |     |                     |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                                                                |             |     |                     |
|         | and services provided to the payor?                                                                                                                                        | 7a          |     | X                   |
| b       | If "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 to file Form 8282?                                                                                                                                                | 7c          |     | X                   |
| ď       | If "Yes," indicate the number of Forms 8282 filed during the year 7d                                                                                                       | _           | l   |                     |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                            | 7e          |     | <u> </u>            |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                               | 7f          |     | <u> </u>            |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                           | 7g          |     | <u> </u>            |
|         | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C3                                         | 7h          |     | <u> </u>            |
| 8       | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting                                                                                  |             | İ   |                     |
|         | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring                                                                         |             |     |                     |
|         | organization, have excess business holdings at any time during the year?                                                                                                   | 8           |     | <u> </u>            |
| 9       | Sponsoring organizations maintaining donor advised funds.                                                                                                                  |             |     | 77                  |
| a       | Did the organization make any taxable distributions under section 4966?                                                                                                    | 9a          |     | <u>X</u>            |
| b       | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                     | 9b          |     | X                   |
| 10      | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12                                                            | 1 1         | l   |                     |
| a<br>b  | Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b | <b>-  </b>  | ļ   |                     |
| 11      | Section 501(c)(12) organizations. Enter                                                                                                                                    | -           | ŀ   |                     |
| ''<br>a | Gross income from members or shareholders                                                                                                                                  |             |     |                     |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources                                                                                           | ┦           | l   |                     |
| _       | against amounts due or received from them )                                                                                                                                |             |     |                     |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                 | 12a         |     |                     |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b                                                                                  | 120         |     |                     |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                           | <b>-</b>    |     |                     |
| а       | Is the organization licensed to issue qualified health plans in more than one state?                                                                                       | 13a         |     |                     |
|         | Note. See the instructions for additional information the organization must report on Schedule O                                                                           |             |     |                     |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which                                                                               |             |     |                     |
|         | the organization is licensed to issue qualified health plans                                                                                                               |             | ł   |                     |
| С       | Enter the amount of reserves on hand                                                                                                                                       | 7           | ļ   |                     |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                 | 14a         |     | X                   |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                  | 14b         |     |                     |
| DAA     |                                                                                                                                                                            | Form        | 990 | (2012)              |

| Section A. Governing Body and Management  1a. Enter the number of voling members of the governing body at the end of the tax year  If there are natural differences in voling nights memory members of the governing body, or  If the governing body delegated broad authorly to an executive committee or similar  committee, explain in Schedule O  b. Enter the number of voling members included in line 1a, above, who are independent  committee, explain in Schedule O  committee, explain in Schedule O  b. Enter the number of voling members included in line 1a, above, who are independent  committee, explain in Schedule O  committee, critically included in line 1a, above, who are independent  committee, critically included in line 1a, above, who are independent  committee, critically included in line 1a, above, who are independent  committee, critically included in line 1a, above, who are independent  committee in committee in line 1a, above, who are independent  committee in committee in line 1a, above, who are independent  committee in committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, who are independent  committee in line 1a, above, or independent on the committee cut of the properties of a segnificant diversion of the premo 900 was fell 2  committee in line 1a, above, or independent of the committee cut of a segnificant diversion of the governing body?  committee in line 1a, above, or independent of the governing body?  committee in line 1a, above, or independent of the governing body?  committee in   |     | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul                              | e O. See | instru | uction      |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------|----------|--------|-------------|--|--|--|--|
| Enter the number of victing members of the governing body at the end of the tax year   If there are material differences in voting rights among members of the governing body, or   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | Check if Schedule O contains a response to any question in this Part VI                                                          |          |        | _X_         |  |  |  |  |
| 1a Earler the number of voting members of the governing body at the end of the tax year if there are material differences in voting nights among members of the governing body or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0  b. Earler the number of voting members included in line 1s, above, who are independent  Did any officer, director, fusates, or key employee have a family relationship or a business relationship with any other officer, director, fusates, or key employees to a management company or other person?  2 Did the organization make any significant changes to its governing documents since the prior Form 950 was filed?  4 Did the organization make any significant changes to its governing documents since the prior Form 950 was filed?  5 Did the organization have members a stockholders?  6 Did the organization have members, stockholders?  7 Did the organization have members, stockholders?  8 Did the organization have members, stockholders?  9 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?  9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following the power properties with a thirty to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee lated in Part VII. Section A, who cannot be reached at the governing body?  9 Is there any officer, director, trustee, or key employee stead on Part VII. Section A, who cannot be reached at the organization have local chapters, tranches, or affiliates?  10 If "Yes," did the organization have written problems and procedures governing the activates of such chapters, affiliates, and branches to ensure their operations are consistently wi  | Sec | tion A. Governing Body and Management                                                                                            |          |        |             |  |  |  |  |
| If there are material differences in voting nights 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  Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management outness of business relationship with any other officer, directors, of trustees, or key employees to an anagement company or other person?  Did the organization on-beging 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?  Did the organization become aware during the year of a significant diversion of the organization?  Did the organization have members or stockholders?  Did the organization have members and stockholders, or other persons who had the power to elect or appoint one or more members of the governing document since or the person who had the power to elect or appoint one or more members of the governing document since or the person who had the power to elect or appoint one or more members of the governing body?  A rank governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  But the organization of the strip of the governing body?  But the organization of the strip of the governing body?  But the organization will also the strip of the governing body?  But the organization will also the strip of the governing body?  But the organization have written policies and procedures and self-ease in Schedule O  Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is event purposes?  Did the organ |     |                                                                                                                                  |          | Yes    | No          |  |  |  |  |
| fit 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  Did any officer, director, fusities, or key employee have a family relationship or a business relationship with any other officer, director, fusities, or key employees to a management company or other person?  2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1a  | · · · · · · · · · · · · · · · · ·                                                                                                |          |        |             |  |  |  |  |
| becommittee, explain in Schedule O  be Enter the number of voting members included in line 1a, above, who are independent  be Enter the number of voting members included in line 1a, above, who are independent  be Enter the number of voting members included in line 1a, above, who are independent  be any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a family performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  be officers, directors, directors, or trustees, or key employees to a management company or other person?  be the organization nake any significant changes to its governing documents such the profer of 90 was slied?  but the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  but the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  but the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  but the organization contemporaneously document the meetings held or written actions undertaken during the year by the following as tookholders, or persons other than the governing body?  but the organization or other poraneously document the meetings held or written actions undertaken during the year by the following as the committee with authority to act on behalf of the governing body?  but the organization has undertaken during the year by the following as the committee with authority to act on behalf of the governing body?  but the organization have written policies and procedures governing the activities of such chapters, frienders, frien |     | If there are material differences in voting rights among members of the governing body, or                                       | - [      | ŀ      |             |  |  |  |  |
| b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the duract 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 pinor Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organizations assests? 5 Did the organization have members as tockholders, or other persons who had the power to elect or appoint on or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 7 Is the any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If Yes," provide the names and addresses in Schedule O  10 Did the organization have listed by the subject or procedures governing body by the linternal Revenue Code 11 Is the subject of the subject of the process, and the process of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization several purposes?  11 Is the subject of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization of such process. If any used by the organization to review this Form 990  12 Did the organization have a written policies and procedures governing the activities of such chapters.  13 Did the organization have a wr |     | if the governing body delegated broad authority to an executive committee or similar                                             |          |        |             |  |  |  |  |
| 2 Dud any officer, director, fususe, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee is a management domain or or officer, director, directors, or trustees, or key employees to a management company or other person?  3 J X yearway officer, directors, or trustees, or key employees to a management company or other person?  5 Did the organization become aware during the year of a significant diversion of the organizations assets?  6 JX Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or opersons other than the governing body?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following stockholders, or persons other than the governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee isted in Part VII, Section A, who cannot be reached at the organizations mainly address? If Yes, Provide the names and addresses in Schedule O  9 X  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10 If Yes, did the organization have written policies and procedures governing the activities of such chapters, effiliates, and branches to ensure their operations are consistent with the organizations and providers?  10 If Yes, did the organization have a written organization and contemporations with the policy? If Yes |     |                                                                                                                                  | 1        | l      |             |  |  |  |  |
| any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 X  5 Did the organization become ware during the year of a significant diversion of the organizations assets?  5 X  6 Did the organization have members a stockholders?  7 Did the organization have members a stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 Are any operanace decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization of the members, astockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  9 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  11 Each committee with authority to act on behalf of the governing body?  12 Each committee with authority to act on behalf of the governing body?  13 In a second or a second organization and the provider organization and the providers of the organization and the organization have local chapters, branches, or affiliates?  13 In a second organization have local chapters, branches, or affiliates?  14 In a set organization have local chapters, branches, or affiliates?  15 If "Yes," did the organization have written policies and procedures governing the activates of such chapters, affiliates, and branches to ensure their operations are consistent with the organization or severe this power than the process of a section of the process, and branches to ensure their operation as acconsistent with the organization or severe this procedure organi | b   | Enter the number of voting members included in line 1a, above, who are independent  1b   5                                       |          |        |             |  |  |  |  |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or fursites, 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?  5 Did the organization become aware during the year of a significant divension of the organization's assets?  6 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?  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?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at The governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at The governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization making address? If Yes, Forworde 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 organization have been have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10 Did the organization have a written organization to every this Form 990 to a members of its governing body before filing the form?  11 Did the organization have a written  | 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                   |          |        |             |  |  |  |  |
| supervision of officers, directors, or trustees, or key employees to a management company or other person?  4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | any other officer, director, trustee, or key employee?                                                                           | 2        |        | X           |  |  |  |  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?  4 X  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders.  7 Did the organization have members or stockholders.  8 Did the organization have members or stockholders.  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following as the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following as The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations malling address? If Yes, provide the names and addresses in Schedule O  9 X  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  11 Did the organization have local chapters, branches, or affiliates?  12 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  13 Did the organization have a written conflict of interest policy? If Yes, describe in Schedule O the process, if any used by the organization to review this Form 990  12 Did the organization have a written organization or five with the progranization and decision?  13 Did the organization have a written organization or five with the progranization and decision?  14 Did the organization have a written organization or five with Form 990  15 Did the organization have a written organization organization or th  | 3   | Did the organization delegate control over management duties customarily performed by or under the direct                        |          |        |             |  |  |  |  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint on or more members of the governing body?  8 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization organization organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization organization organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization organization organization organization organization deviated at the organization of the understanding the persons of the meetings held or written actions undertaken during the year by the following a three governing body?  8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have that any officer, director, trustee, or key employee is the organization provided and officers. Provide the names and addresses in Schedule O  10 Did the organization have docal chapters, provide the names and addresses in Schedule O  10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11 Did the organization provided a complete cond interest policy?  12 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12 Did the organization pr |     | supervision of officers, directors, or trustees, or key employees to a management company or other person?                       | 3        |        |             |  |  |  |  |
| the organization have members or stockholders?  10 bit the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  10 bit the organization can be organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  11 bit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at The governing body?  11 bit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following at The governing body?  12 bit shere any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organizations making address? if Yes, Provide the names and addresses in Schedule O  13 bit the organization have a defress provide the names and addresses in Schedule O  14 bit the organization have a virtien policies. Provide the names and addresses in Schedule O  15 bit the organization have virtien policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  13 bit the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  14 bit the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  12 bit the organization have a written onflict of interest policy? If Yes, go to line 13  12 bit the organization have a written policies and procedure written policies?  13 bit the organization have a written whistleblower policy?  14 bit the organization have a written policies or process, and activation policy?  15 bit the organization have a written policy or procedure requiring the organization to evaluate its participation in join  | 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                 | 4        |        |             |  |  |  |  |
| Ta Dd the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  B Dd the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  B Cach committee with authority to act on behalf of the governing body?  B Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization mailing address? If "Yes," provide the names and addresses in Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code   Yes   No   No   No   No   No   No   No   N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                       | 5        |        | X           |  |  |  |  |
| one or more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  b Ut the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Is there any officer, director, fustee, 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  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  Ves No  10a V the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization have a written whistleblower policy?  15b Were officers, directors, or trustees, and key employees required to the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15c United organization have a written policy or procedure requiring the organization to eval  | 6   | Did the organization have members or stockholders?                                                                               | 6        |        | X           |  |  |  |  |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint                          |          |        | ŀ           |  |  |  |  |
| stockholders, or persons other than the governing body?  1 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  2 Each committee with authority to act on behalf of the governing body?  3 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," proude the names and addresses in Schedule O  3 Section B. Politicies (This Section B requests information about policies not required by the Internal Revenue Code )  4 Yes No.  10a Did the organization have local chapters, branches, or affiliates?  10f "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10a Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10a Did the organization have a written conflict of interest policy? If "No," go to line 13  10b Were officers, directors, or frustees, and key employees required to disclose annually interests that could give rise to conflicts?  10b Id the organization have a written whistleblower policy?  10b The organization have a written whistleblower policy?  11c Did the organization have a written whistleblower policy?  12c X  13 X  14 X  15 Did the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantation of the deliberation and decision?  15 Did the organization have a written document retention and destructions)  16a Did the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and take steps  |     | one or more members of the governing body?                                                                                       | 7a       |        | X           |  |  |  |  |
| B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?  B Each committiee with authority to act on behalf of the governing body?  B Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mainting address? If "Yes," provide the names and addresses in Schedule O  Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code > Yes No 100 the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have incal chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  In als the organization have a written ecopy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  Utility to the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  b Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  In the organization have a written whistleblower policy?  The organization have a written document retention and destruction policy?  The organization have a written whistleblower policy?  The organization have a written document retention and destruction of the deliberation and decision?  The organization have a written policy or procedure requiring the definition of the deliberation and decision?  The organization have a written policy or procedure requiring the organization in point venture arrangements under applicable federal tax law, an  | b   | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                |          |        |             |  |  |  |  |
| a The governing body?  b Each committee with authority to act on behalf of the governing body?  ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10a If the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  10a Describe in Schedule O the process, if any, used by the organization to review this Form 990  10b Use of the inschedule O to the process, a fany, used by the organization to review this Form 990  10c If the organization have a written conflict of interest policy? If "No." go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  10b Use organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  10b Use organization have a written whistleblower policy?  10c If the organization have a written whistleblower policy?  10c If the organization have a written whistleblower policy?  11d If yes to line 15a or 15b, describe the process in Schedule O (see instructions)  11d by Other officers or key employees of the organization in writing the year?  11d by Other officers or key employees of the organization in writing the year?  11d by Other officers or key employees of the organization in writing the year?  11d by Other officers or key employees of the organization in local writing the year?  11d by Other officers or key e |     | stockholders, or persons other than the governing body?                                                                          | 7b       |        | X           |  |  |  |  |
| b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, frustee, 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  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Ves. No.  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a Did the organization are a written conflict of interest policy? If "No." go to line 13  12a Did the organization are a written conflict of interest policy? If "No." go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b If the organization have a written whistleblower policy?  13d Did the organization have a written whistleblower policy?  14b Did the organization have a written document referition and destruction policy?  15d Did the organization feeting compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15d Did the organization follow a written policy or procedure requiring the organization for organization for organization for organization for organization forganization 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the f         | ollowing |        |             |  |  |  |  |
| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)   Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)   10a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | а   | The governing body?                                                                                                              | 8a       | X      |             |  |  |  |  |
| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)  10a Did the organization have local chapters, branches, or affiliates?  10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b IX  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  11b IX  12a IX  12b Did the organization have a written conflict of interest policy? If "No," go to line 13  12a IX  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b IX  12c IX  12d Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c IX  12d Did the organization have a written whistleblower policy?  13d the organization have a written whistleblower policy?  14d 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?  15a The organization's CEO, Executive Director, or top management official  15d Other officers or key employees of the organization  15d If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  15d Id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  15d 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  | b   | Each committee with authority to act on behalf of the governing body?                                                            | 8b       | Х      |             |  |  |  |  |
| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code }    Yes   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                 |          |        |             |  |  |  |  |
| Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note      | _   | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                      | 9        |        | X           |  |  |  |  |
| 10a Did the organization have local chapters, branches, or affiliates?  b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  12b Did the organization have a written whistleblower policy?  13 X ■  14 Did the organization have a written whistleblower policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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  15 Disclosure  16 Disclosure  16 Disclosure  17 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  18 Section 6104 requires an organi  | Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re-                            | venue C  | ode_)  |             |  |  |  |  |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12b Describe in Schedule O the process, if any, used by the organization to review this Form 990  12b Did the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  13d but the organization have a written whistleblower policy?  14d Did the organization have a written whistleblower policy?  15d Did the organization have a written document retention and destruction policy?  16d 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?  16a Did the organization follows of the organization  16a Did the organization mivest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16b Jif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Jif "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Jif "Yes," did the organization   |     |                                                                                                                                  |          | Yes    | No          |  |  |  |  |
| affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12a X  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c I will be organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  13b Did the organization have a written whistleblower policy?  14c I will be organization have a written document retention and destruction policy?  15b Did the organization have a written document retention and destruction policy?  16b 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?  16c The organization's CEO, Executive Director, or top management official  16d Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16d Dif "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?  16d V "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?  16d V "Yes,"  16d  | 10a | Did the organization have local chapters, branches, or affiliates?                                                               | 10a      | X      |             |  |  |  |  |
| Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990  if the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  12c X  13d X  14d X  15 Did the organization have a written document retention and destruction policy?  14d X  15 Did the organization have a written document retention and destruction policy?  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?  15a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  15b X  15b X  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  15b X  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  Section 6:104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection indicate how you made these available. Check all that app  | b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                   |          |        |             |  |  |  |  |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  15 The organization's CEO, Executive Director, or top management official  16 Other officers or key employees of the organization  17 Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)  18 Tyes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 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  17 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  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990T (Section 501(c)(3)s only) available for public inspection indicate how you made these available. Check all that apply  2 Own website Another's website U Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, c    |     | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                      | 10b      | X      |             |  |  |  |  |
| Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  13 X 1  Did the organization have a written document retention and destruction policy?  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  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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, MT, NJ, NY, GA, WT, TL  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, physic  | 11a | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   |          |        |             |  |  |  |  |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | b   | b Describe in Schedule O the process, if any, used by the organization to review this Form 990                                   |          |        |             |  |  |  |  |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe in Schedule O how this was done  12c X  13 X  14 Did the organization have a written whistleblower policy?  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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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  17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, WA, OR, VA, OH, MT, NJ, NY, GA, WT, IL  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Source in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHILD FOUNDATION INC  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                            | 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                          | 12a      | X      |             |  |  |  |  |
| describe in Schedule O how this was done  12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic | ts? 12b  | X      |             |  |  |  |  |
| 13 X 14 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  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?  15 The organization's CEO, Executive Director, or top management official  16 Other officers or key employees of the organization  17 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  18 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  18 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?  18 Section C. Disclosure  19 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  19 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply  20 Own website  Another's website  Upon request  Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  Poundation Inc                                                                                                                                                                                                                                 | С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                        |          |        |             |  |  |  |  |
| Did the organization have a written document retention and destruction policy?  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  Did the officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Cown website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 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  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                  |     | describe in Schedule O how this was done                                                                                         | 12c      | X      |             |  |  |  |  |
| 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  Dither officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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, MT, NJ, NY, GA, WT, IL  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Wom website Another's website Wopon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 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  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                   | 13  | Did the organization have a written whistleblower policy?                                                                        | 13       | X      |             |  |  |  |  |
| Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Sometical Company of the process of the organization made its governing documents, conflict of interest policy, 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  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14  | Did the organization have a written document retention and destruction policy?                                                   | 14       | X      |             |  |  |  |  |
| a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Sometime of public inspection. Indicate how you made these available. Check all that apply  Mon website Another's website Dupon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 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  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15  | Did the process for determining compensation of the following persons include a review and approval by                           |          |        |             |  |  |  |  |
| b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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  17 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  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHILD FOUNDATION INC  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                    |          |        |             |  |  |  |  |
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| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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  16b  16b  Section C. Disclosure  17 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  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHILD FOUNDATION INC  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ь   | Other officers or key employees of the organization                                                                              | 15b      | X      |             |  |  |  |  |
| 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  17 List the states with which a copy of this Form 990 is required to be filed PCA, WA, OR, VA, OH, MI, NJ, NY, GA, WI, IL  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization P CHILD FOUNDATION INC  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                               |          |        |             |  |  |  |  |
| 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  17 List the states with which a copy of this Form 990 is required to be filed PCA, WA, OR, VA, OH, MI, NJ, NY, GA, WI, IL  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization P CHILD FOUNDATION INC  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement                   | ŀ        |        |             |  |  |  |  |
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| organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 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  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website ☐ Another's website X Upon request ☐ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHILD FOUNDATION INC  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                   |          |        |             |  |  |  |  |
| Section C. Disclosure  17 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  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website ☐ Another's website X Upon request ☐ Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHILD FOUNDATION INC  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                    | ŀ        |        |             |  |  |  |  |
| 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  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website Another's website Dupon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 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  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | organization's exempt status with respect to such arrangements?                                                                  | 16b      |        |             |  |  |  |  |
| Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 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  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sec | tion C. Disclosure                                                                                                               |          |        |             |  |  |  |  |
| available for public inspection. Indicate how you made these available. Check all that apply  X Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 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 4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17  | 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      |        |             |  |  |  |  |
| X Own website  Another's website  Upon request  Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CHILD FOUNDATION INC  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s o       | nly)     |        |             |  |  |  |  |
| <ul> <li>Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CHILD FOUNDATION INC</li> <li>4475 SW SCHOLLS FERRY ROAD #170</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | available for public inspection. Indicate how you made these available. Check all that apply                                     |          |        |             |  |  |  |  |
| <ul> <li>Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization  CHILD FOUNDATION INC</li> <li>4475 SW SCHOLLS FERRY ROAD #170</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | X Own website Another's website X Upon request Other (explain in Schedule O)                                                     |          |        |             |  |  |  |  |
| 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  4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 19  |                                                                                                                                  |          |        |             |  |  |  |  |
| 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHILD FOUNDATION INC 4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                                                                                                  |          |        |             |  |  |  |  |
| organization ▶ CHILD FOUNDATION INC 4475 SW SCHOLLS FERRY ROAD #170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20  |                                                                                                                                  |          |        |             |  |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                  | #170     |        |             |  |  |  |  |
| OK 57EE5 505 EE4 0450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _P  | <del>-</del>                                                                                                                     | 03-22    | 4-0    | <b>4</b> 90 |  |  |  |  |

| Form 990 (20 <sup>-</sup> | 12) CHILD FOUNDATION, INC           | 93-1148608                                        | Page <b>7</b> |
|---------------------------|-------------------------------------|---------------------------------------------------|---------------|
| Part VII                  | Compensation of Officers, Directo   | ors, Trustees, Key Employees, Highest Compensated | Employees, an |
|                           | Independent Contractors             | •                                                 | _             |
|                           | Check if Schedule O contains a resp | onse to any question in this Part VII             |               |

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

- 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

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

| (A)<br>Name and Title | (B) Average hours per week (list any hours for | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |          |              | is both an<br>or/trustee)           | n      | (D)  Reportable compensation from the organization | (E)  Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|-----------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------|----------|--------------|-------------------------------------|--------|----------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|
|                       | related organizations below dotted line)       | Individual trustee<br>or director                                                                      | Institutional trustee | Officer  | Key employee | Former Highest compensated employee | Econor | (W-2/1099-MISC)                                    | (VV-21033-MISC)                                                         | organization<br>and related<br>organizations        |
| (1)MR. NAVID AGHA     | SEYEDAL                                        | ŧ                                                                                                      |                       |          |              |                                     | 7      |                                                    |                                                                         |                                                     |
|                       | 0.00                                           |                                                                                                        |                       | l        |              |                                     | ١      |                                                    |                                                                         | _                                                   |
| CHAIRMAN & TREASURER  |                                                | X                                                                                                      | <u> </u>              | X        | <u> </u>     |                                     | 4      | 0                                                  | 0                                                                       | 0                                                   |
| (2) DR. PEYMAN RAOC   |                                                | 1                                                                                                      |                       |          |              |                                     |        |                                                    |                                                                         |                                                     |
| PRESIDENT             | 0.00<br>5.00                                   | $ _{\mathbf{x}}$                                                                                       |                       | x        |              |                                     | ١      | 0                                                  | 0                                                                       | ^                                                   |
| (3) DR. ASAD AZEMI    | 3.00                                           | ^                                                                                                      | -                     | Λ        |              | ╁                                   | +      | U                                                  | 0                                                                       | 0                                                   |
| (O)DIC. HOLD HALLII   | 0.00                                           |                                                                                                        |                       |          |              |                                     | -      |                                                    |                                                                         |                                                     |
| SECRETARY             | 5.00                                           | x                                                                                                      |                       | x        |              |                                     | ١      | 0                                                  | 0                                                                       | 0                                                   |
| (4) DR. AKBAR FARAH   |                                                | ļ <u></u>                                                                                              |                       |          |              |                                     | 1      |                                                    |                                                                         |                                                     |
| • •                   | 0.00                                           |                                                                                                        |                       |          |              |                                     |        |                                                    |                                                                         |                                                     |
| VICE CHAIRMAN         | 5.00                                           | X                                                                                                      |                       | X        |              |                                     |        | 0                                                  | 0                                                                       | 0                                                   |
| (5) DR. ALI EYDGAHI   |                                                |                                                                                                        |                       |          |              |                                     |        | · ·                                                |                                                                         | *                                                   |
|                       | 0.00                                           |                                                                                                        |                       |          |              |                                     |        |                                                    |                                                                         |                                                     |
| BOARD MEMBER          | 5.00                                           | X                                                                                                      |                       | X        |              | $\sqcup \!\!\! \perp$               | 4      | 0                                                  | 0                                                                       | 0                                                   |
| (6)                   |                                                |                                                                                                        |                       |          |              |                                     |        |                                                    |                                                                         |                                                     |
| (7)                   |                                                |                                                                                                        |                       |          |              |                                     |        |                                                    |                                                                         | -                                                   |
| (8)                   |                                                |                                                                                                        |                       |          |              |                                     |        |                                                    |                                                                         |                                                     |
| (9)                   |                                                |                                                                                                        |                       |          |              |                                     |        |                                                    | 7-V.                                                                    |                                                     |
| (10)                  |                                                |                                                                                                        |                       |          |              |                                     |        | -                                                  |                                                                         |                                                     |
| (11)                  |                                                |                                                                                                        |                       |          |              |                                     |        |                                                    |                                                                         |                                                     |
| DAA                   | 1                                              | <u> </u>                                                                                               | <u> </u>              | <u> </u> |              | Ш                                   |        |                                                    |                                                                         | Form <b>990</b> (2012)                              |

| Га        | IL VII Section A. Onicer                                                                                                            | S, Directors, 11                               | นรเ                            | ees,                  | ney                              |              | ibio                                                                                                                                     | ees         | s, and nighest compens                 | ateu Limpioyees (Contin      | ueu)                          |                                 |               |         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|-----------------------|----------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------|------------------------------|-------------------------------|---------------------------------|---------------|---------|
|           | (A)<br>Name and title                                                                                                               | (B) Average hours per week (list any hours for | box                            | k, unle               | Pos<br>check<br>ess pe<br>nd a c | erson        | (D)  Reportable e than one us both an or/trustee)  (D)  Reportable compensation from related organizations organization  (W-2/1099-MISC) |             |                                        | (F) Estima amour othe compen | ated<br>nt of<br>er<br>sation |                                 |               |         |
|           |                                                                                                                                     | related organizations below dotted line)       | Individual trustee or director | Institutional trustee | Officer                          | Key employee | Highest compensated<br>employee                                                                                                          | Former      | (W-2/1099-MISC)                        | (**21633****1657)            |                               | organiza<br>and rel<br>organiza | ation<br>ated |         |
| (12)      | -                                                                                                                                   |                                                |                                |                       |                                  |              | -                                                                                                                                        |             |                                        |                              |                               |                                 |               |         |
| (13)      |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               |         |
| (14)      |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               |         |
| (15)      |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               |         |
|           | ·                                                                                                                                   |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               |         |
| (16)      |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               |         |
| (17)      |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               | -       |
| (18)      |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               |         |
| (19)      |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               |         |
| 1b        | Sub-total                                                                                                                           | 1                                              |                                | <u> </u>              |                                  | <u> </u>     | <u> </u>                                                                                                                                 | <b>&gt;</b> |                                        |                              |                               |                                 |               |         |
| c<br>d    | Total from continuation sh<br>Total (add lines 1b and 1c)                                                                           | eets to Part VII                               | , Se                           | ctio                  | ηA                               |              |                                                                                                                                          | <b>&gt;</b> |                                        |                              |                               |                                 |               |         |
| 2         | Total number of individuals (<br>reportable compensation from                                                                       |                                                |                                |                       | to th                            | ose          | liste                                                                                                                                    | d ab        | ove) who received more t               | han \$100,000 in             | l                             |                                 |               |         |
| 3         | Did the organization list any                                                                                                       | former officer, d                              | lirec                          | tor, c                |                                  |              |                                                                                                                                          |             |                                        | ensated                      |                               | 3                               | Yes           | No<br>X |
| 4         | employee on line 1a? If "Yes<br>For any individual listed on li<br>organization and related organization and related organization." | ne 1a, is the sur                              | n of                           | repo                  | ortab                            | le c         | ompe                                                                                                                                     | ensa        | ation and other compensa-              |                              |                               |                                 |               | X       |
| 5         | individual  Did any person listed on line for services rendered to the                                                              |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        | on or individual             |                               | _5                              |               | X       |
| Sect<br>1 | ion B. Independent Contrac Complete this table for your                                                                             |                                                | nen                            | sate                  | d inc                            | lene         | ndei                                                                                                                                     | nt co       | ontractors that received m             | ore than \$100 000 of        |                               |                                 |               |         |
|           | compensation from the organ                                                                                                         |                                                |                                |                       |                                  |              |                                                                                                                                          |             | endar year ending with or              |                              | tax year                      |                                 | (C)           |         |
|           | Name and                                                                                                                            | l business address                             |                                |                       |                                  |              |                                                                                                                                          |             | Descrip                                | tiòn of services             |                               | Co                              | mpeńsa        | tion    |
|           |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          | _           | ······································ | ****                         |                               |                                 |               |         |
|           | <u> </u>                                                                                                                            |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               |         |
|           |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 |               |         |
|           |                                                                                                                                     |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        |                              |                               |                                 | -             |         |
| 2         | Total number of independen received more than \$100,00                                                                              |                                                |                                |                       |                                  |              |                                                                                                                                          |             |                                        | 0                            |                               |                                 | 000           |         |

Form 990 (2012) CHILD FOUNDATION, INC 93-1148608 Page 9 Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (A) (B) Related or exempt (D) Revenue excluded from tax (C) Unrelated Total revenue business revenue function under sections 512, 513, or 514 revenue 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2,448,697 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 2,448,697 Program Service Revenue Busn. Code 2a b C d f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 472 and other similar amounts) 472 Income from investment of tax-exempt bond proceed Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss Net rental income or (loss) ▶ 7a Gross amount from (II) Other (i) Securities sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 33,955 See Part IV, line 18 33,713 b Less direct expenses c Net income or (loss) from fundraising events 242 9a Gross income from gaming activities See Part IV. line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a MISC REVENUE 83,454 83,454 h d All other revenue 83,454 e Total. Add lines 11a-11d

2,532,865

83,926

0

Total revenue. See instructions

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all column

| Sect     | ion 501(c)(3) and 501(c)(4) organizations mus<br>Check if Schedule O contains a res                                                                                |                  |                  | complete column (A) |                                       |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|---------------------|---------------------------------------|
|          | not include amounts reported on lines 6b                                                                                                                           | (A) T            | (B)              | (C)                 | (D)                                   |
|          | , 8b, 9b, and 10b of Part VIII.                                                                                                                                    | Total expenses   | Program service  | Management and      | Fundraising                           |
| 1        | Grants and other assistance to governments and                                                                                                                     |                  | expenses         | general expenses    | expenses                              |
| '        | organizations in the U.S. See Part IV, line 21                                                                                                                     |                  |                  | İ                   |                                       |
| 2        | Grants and other assistance to individuals in                                                                                                                      |                  |                  |                     |                                       |
| 2        | the U.S. See Part IV, line 22                                                                                                                                      |                  |                  |                     |                                       |
| 3        | · ·                                                                                                                                                                |                  |                  |                     |                                       |
| 3        | Grants and other assistance to governments                                                                                                                         | '                |                  |                     |                                       |
|          | organizations, and individuals outside the                                                                                                                         | 1,531,862        | 1 521 062        |                     |                                       |
| 4        | U S See Part IV, lines 15 and 16 Benefits paid to or for members                                                                                                   | 1,331,802        | 1,531,862        |                     | <del></del>                           |
| 4        | •                                                                                                                                                                  |                  |                  |                     |                                       |
| 5        | Compensation of current officers, directors,                                                                                                                       |                  |                  |                     |                                       |
|          | trustees, and key employees                                                                                                                                        |                  | ·                |                     | <del></del>                           |
| 6        | Compensation not included above, to disqualified                                                                                                                   |                  |                  |                     |                                       |
|          | persons (as defined under section 4958(f)(1)) and                                                                                                                  |                  |                  |                     |                                       |
| -        | persons described in section 4958(c)(3)(B)                                                                                                                         | 204 014          | 220 705          | 07 070              | 00 147                                |
| 7        | Other salaries and wages                                                                                                                                           | 294,914          | 238,795          | 27,972              | 28,147                                |
| 8        | Pension plan accruals and contributions (include                                                                                                                   | İ                |                  |                     |                                       |
| ^        | section 401(k) and 403(b) employer contributions)                                                                                                                  | 21 775           | 17 150           | 0 205               | 0 010                                 |
| 9        | Other employee benefits                                                                                                                                            | 21,775<br>20,828 | 17,152<br>17,418 | 2,305               | 2,318<br>1,253                        |
| 10       | Payroll taxes                                                                                                                                                      | 20,828           | 17,418           | 2,157               | 1,253                                 |
| 11       | Fees for services (non-employees)                                                                                                                                  |                  |                  |                     |                                       |
| a        | Management                                                                                                                                                         | 100 170          | 26 242           | 00 007              |                                       |
| b        | Legal                                                                                                                                                              | 109,170          | 26,243           | 82,927              |                                       |
|          | Accounting                                                                                                                                                         | 20,249           | 10,816           | 9,433               |                                       |
|          | Lobbying                                                                                                                                                           | 7                |                  |                     |                                       |
| e        | Professional fundraising services. See Part IV, line                                                                                                               |                  |                  |                     |                                       |
| Τ        | Investment management fees                                                                                                                                         |                  |                  |                     |                                       |
| g        | Other (If line 11g amount exceeds 10% of line 25, column                                                                                                           | 61 102           | 4 000            | E4 E31              | 0 620                                 |
| 40       | (A) amount, list line 11g expenses on Schedule O)                                                                                                                  | 61,183<br>-2,300 | 4,020<br>-3,712  | 54,531              | 2,632                                 |
|          | Advertising and promotion                                                                                                                                          | 29,021           |                  | 197                 | 1,215                                 |
| 13       | Office expenses                                                                                                                                                    | 29,021           | 22,888           | 819                 | 5,314                                 |
| 14       | Information technology                                                                                                                                             |                  |                  | ····                |                                       |
| 15       | Royalties                                                                                                                                                          | 41,227           | 22 605           | 2 771               | 2 771                                 |
| 16<br>17 | Occupancy<br>Travel                                                                                                                                                | 2,985            | 33,685<br>2,171  | 3,771               | 3,771                                 |
| 18       | }                                                                                                                                                                  |                  | 2,111            | 312                 | 442                                   |
| 10       | Payments of travel or entertainment expense                                                                                                                        | 5                |                  |                     |                                       |
| 19       | for any federal, state, or local public officials Conferences, conventions, and meetings                                                                           | 1,730            |                  | 1 720               |                                       |
|          | Interest                                                                                                                                                           | 1,730            |                  | 1,730               | · · · · · · · · · · · · · · · · · · · |
| 20<br>21 | Payments to affiliates                                                                                                                                             |                  |                  |                     |                                       |
| 22       | · ·                                                                                                                                                                | 703              | 326              | 377                 |                                       |
| 23       | Depreciation, depletion, and amortization Insurance                                                                                                                | 4,925            | 1,150            | 3,682               | 93                                    |
| 24       | Other expenses Itemize expenses not covered                                                                                                                        | 4,923            | 1,130            | 3,062               | 93                                    |
| 24       | 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)                                                                                                                  |                  |                  |                     |                                       |
| а        | COMPLIANCE                                                                                                                                                         | 62,653           | 9,074            | 53,579              |                                       |
|          | FUNDRAISING                                                                                                                                                        | 40,713           | 680              | 33,319              | 40 022                                |
| b        | BANK AND MERCHANT FEES                                                                                                                                             | 39,470           | 19,848           | 19,430              | 40,033                                |
| ď        | IN KIND SERVICES                                                                                                                                                   | 17,763           | 5,597            | 10,166              |                                       |
|          | All other expenses                                                                                                                                                 | 33,584           | 22,487           | 6,786               | 2,000                                 |
|          | ·                                                                                                                                                                  | 2,332,455        | 1,960,500        |                     | 4,311                                 |
| 25<br>26 | Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the                                                                    | 2,332,433        | 1,300,300        | 280,234             | 91,721                                |
|          | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720) |                  |                  |                     |                                       |
| DAA      |                                                                                                                                                                    |                  | · -              |                     | Form 990 (2012)                       |

**Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 116,957 1 520,548 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 40,383 31,691 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 45,935 other basis Complete Part VI of Schedule D 10a 15,234 23,917 30,701 b Less accumulated depreciation 10b 10c 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 15 181,257 582,940 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 191,232 17 Accounts payable and accrued expenses 17 395,993 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 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 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X <u>7,4</u>21 <u>3,9</u>32 of Schedule D 198,653 399, Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 183,015 -17,39628 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🔪 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

183,015

-17,396

181,257

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

| Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 25) 3 Revenue less expenses (must equal Part IX, column (A), line 25) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 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 reviewed on a separate basis. Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis If the organization changed eithe | 0     |    |          |      | Pa  | ge 12      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|----------|------|-----|------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gams (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 1 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 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 reviewed on a separate basis, consolidated basis, or both X Separate basis Consolidated basis both consolidated and separate basis b 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 X Separate basis Consolidated basis, or both X Separate basis Consolidated basis both consolidated and separate basis c 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 X Separate basis Consolidated basis or both X Separate basis Consolidated basis or both X Separate basis Consolidated basis or both X Separate basis Consolidated basis or both X Separate basis Consolidated basis or both X Separate basis Consolidated basis or both X Separate basis Consolidated basis or both X Separate basis Cons | -     |    |          |      |     | -          |
| 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 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 reviewed on a 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 c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, expleschedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audi |       |    |          |      |     |            |
| Accounting method used to prepare the Form 990  Cash  Accrual  Other  If 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 audited on a separate basis, consolidated basis  Separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and separate basis  Consolidated basis  Both consolidated and s | _     | 1  | 2        | , 53 | 32, | 865        |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       | 2  | _2       | , 33 | 32, | 455        |
| 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | 3  |          | 20   | 00, | 410        |
| 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | 4  |          | -1   | L7, | 396        |
| 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 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 reviewed on a separate basis, consolidated basis, or both A Separate basis Consolidated basis Both consolidated and separate basis b 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 A Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, explain Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo                                                                                                                                                                                                                                                                                            |       | 5  |          |      |     |            |
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| Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       |    |          |      |     | _          |
| Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | 10 |          | 18   | 33, | <u>015</u> |
| 1 Accounting method used to prepare the Form 990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |    |          |      |     |            |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a 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 reviewed on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis below 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  X Separate basis Consolidated basis Both consolidated and separate basis confirmed in the interview, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, explain Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |    |          |      |     |            |
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| Schedule O.  2a 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 reviewed on a separate basis, consolidated basis, or both  X Separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |    |          |      |     |            |
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| reviewed on a separate basis, consolidated basis, or both  X Separate basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       |    | <u> </u> | 2a   | X   |            |
| <ul> <li>X Separate basis</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |    |          | - 1  |     | 1          |
| <ul> <li>b 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         </li> <li>X Separate basis</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |    |          |      |     |            |
| 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  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, explain Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |    |          |      |     |            |
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| <ul> <li>X Separate basis</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | l     |    |          |      |     |            |
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| <ul> <li>If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ight  |    |          |      |     |            |
| Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tant? |    |          | 2c   | X   |            |
| <ul> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | เท เท |    |          |      |     |            |
| the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |    |          | ŀ    |     |            |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ın    |    | 1        |      |     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |    |          | 3a   |     | X          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the   |    |          |      |     |            |
| required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |    |          | 3b   |     |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |    |          | Form | 990 | (2012)     |

#### **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 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHILD FOUNDATION, INC

Employer Identification number

93-1148608 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) £ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated b Type II d Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii Provide the following information about the supported organization(s) (i) Name of supported (n) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary the organization in col (i) of your organization in col (i) listed in your ganization in col (described on lines 1-9 support (i) organized in the above or IRC section governing document? US? (see instructions)) Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

| 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, 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 qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifi | on A. I                                 | Public Support                                                                                            |                      |                                       |                      |                    |                | -          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------|----------------------|--------------------|----------------|------------|
| membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf?  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit to the organization without charge organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Section B. Total Support  Caleriadry ser (or fiscal year beginning in)   (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012  Tax Amounts from line 4  1,773,789 2,019,334 2,264,548 2,302,875 2,448,697  Amounts from line 4  1,773,789 2,019,334 2,264,548 2,302,875 2,448,697  Public support. Subtract line 5 from line 4  1,773,789 2,019,334 2,264,548 2,302,875 2,448,697  Tax revenues level on securities loans, rents, royaltes and income from similar sources  1,743 1,124 556 502 472  Total support. Add lines 7 through 10  Other income 0o not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  Public support percentage from 2011 Schedule A, Part II, line 14  15a 33 173% support test—2011. If the organization did not check the box on line 13, 16a, and line 14 is 31 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. 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, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circu | ar year (                               | (or fiscal year beginning in)                                                                             | (a) 2008             | (b) 2009                              | (c) 2010             | (d) 2011           | (e) 2012       | (f) Total  |
| organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  7 Amounts from line 4  9 A consider the contribution of the contribution in the second 2% of the amount shown on line 11, column (f)  9 Net income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regulatly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  1 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check be box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% fracts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and stop here. Explain in Part IV how 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, check this box   | nembers                                 | ship fees received (Do not                                                                                | 1,773,789            | 2,019,334                             | 2,264,548            | 2,302,875          | 2,448,697      | 10,809,243 |
| furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  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, otimum (f)  8 Public support. Subtract line 5 from line 4.  8 Gross income from interest, dividends, payments received on securities bans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is activities, whether or not the business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  17 I Total support expectation of Public Support Percentage  18 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  19 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  10 3 1/3% support test—2011. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10 10 4 facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, c | organiza                                | ation's benefit and either paid                                                                           |                      |                                       |                      |                    |                |            |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support, Subtract line 5 from line 4.  Section B. Total Support  7 Amounts from line 4 2 1,773,789 2,019,334 2,264,548 2,302,875 2,448,697 payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on securities loans, payments received on the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, which are a payment of the payment of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies a | ırnished                                | by a governmental unit to the                                                                             |                      |                                       |                      |                    |                |            |
| 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)  8 Public support. Subtract line 5 from line 4.  8 Cection B. Total Support  Calendar year (or fiscal year beginning in) \( \)  1,773,789   2,019,334   2,264,548   2,302,875   2,448,697    7 Amounts from line 4   1,773,789   2,019,334   2,264,548   2,302,875   2,448,697    8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   1,743   1,124   556   502   472    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   12 Gross receipts from related activities, etc (see instructions)   12 Institute years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))   14 Institute of the public support percentage from 2011 Schedule A, Part II, line 14   15 Institute of the public support percentage from 2011 Schedule A, Part II, line 14   15 Institute of the public support percentage from 2011 Schedule A, Part II, line 14   15 Institute of the public support percentage from 2011 Schedule A, Part II, line 14   15 Institute of the public support percentage from 2011 Schedule A, Part II, line 14   15 Institute of the public support percentage from 2011 Schedule A, Part II, line 14   15 Institute of the public support percentage from 2011 Schedule A, Part II, line 14   15 Institute of the public supported organization of the public supported organization of the public supported organization makes the "facts-and-circumstances" test, check this box and stop here. Explain  | otal. Ad                                | dd lines 1 through 3                                                                                      | 1,773,789            | 2,019,334                             | 2,264,548            | 2,302,875          | 2,448,697      | 10,809,243 |
| Section B. Total Support  Calendar year (or fiscal year beginning in) ▶  (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012  7 Amounts from line 4  1,773,789 2,019,334 2,264,548 2,302,875 2,448,697  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV)  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  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage form 2011 Schedule A, Part II, line 14  16 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization dualfies as a publicly supported organization  10 10% cracts—and-circumstances est—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18 Private foundation. If the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization publics as a publicly supported organization qualifies as a publicly supported organization Part IV how the organization meets the "f  | ach persovernme<br>upported<br>ne 1 tha | son (other than a<br>ental unit or publicly<br>d organization) included on<br>at exceeds 2% of the amount |                      |                                       |                      |                    |                |            |
| Calendar year (or fiscal year beginning in)    (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  4 Public support percentage from 2011 Schedule A, Part II, line 14  13 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, 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 qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qu |                                         |                                                                                                           |                      |                                       |                      |                    |                | 10,809,243 |
| Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  He Public support percentage from 2011 Schedule A, Part II, line 14  15  33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how 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, 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 qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organizatio |                                         |                                                                                                           |                      |                                       |                      |                    |                |            |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public support percentage from 2011 Schedule A, Part II, line 14  15 as 31/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10 as 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV now the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization publifies as a publicly supported organization.  18 Private foundation. If the organization meets the "facts-and-circumstanc | ar year (d                              | or fiscal year beginning in) 🕨                                                                            | (a) 2008             | (b) 2009                              | (c) 2010             | (d) 2011           | (e) 2012       | (f) Total  |
| payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedule A, Part II, line 14  16 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization |                                         |                                                                                                           | 1,773,789            | 2,019,334                             | 2,264,548            | 2,302,875          | 2,448,697      | 10,809,243 |
| 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 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 Interest 15 Public support percentage from 2011 Schedule A, Part II, line 14 Interest 16 Interest 17 Interest 18 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest 19 Interest  | ayments<br>ents, roy                    | s received on securities loans,                                                                           | 1,743                | 1,124                                 | 556                  | 502                | 472            | 4,397      |
| loss from the sale of capital assets (Explan in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedule A, Part II, line 14  16 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  16 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  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, check this box and stop here. Explain in Part IV how 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 full of the organization did not check a box on line 13, 16a, 16b, 07 17a, or 1 | ctivities,                              | , whether or not the business                                                                             |                      | · · · · · · · · · · · · · · · · · · · |                      |                    |                |            |
| 12 Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedule A, Part II, line 14  16 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 31/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 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  19 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, 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                                                                                                                                                                                                                                                                                                    | ss from                                 | the sale of capital assets                                                                                |                      |                                       |                      |                    |                |            |
| First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2011 Schedule A, Part II, line 14  15  16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  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  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see                                                                                                                                                                                                                                                                                                                                                                         | otal sup                                | pport. Add lines 7 through 10                                                                             |                      |                                       |                      |                    |                | 10,813,640 |
| Section C. Computation of Public Support Percentage  14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2011 Schedule A, Part II, line 14  16 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  18 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. The organization qualifies as a publicly supported organization to 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, 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                                                                                           |                      |                                       |                      |                    |                | 117,881    |
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| Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))  Public support percentage from 2011 Schedule A, Part II, line 14  15  16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  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  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                           |                      |                                       |                      |                    |                | <b></b>    |
| Public support percentage from 2011 Schedule A, Part II, line 14  33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  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  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                                                           | <del></del>          | <u></u>                               |                      |                    |                |            |
| <ul> <li>33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>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</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                           |                      |                                       | umn (f))             |                    |                | 99.96%     |
| box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  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  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | · · · · · · · · · · · · · · · · · · ·                                                                     |                      |                                       |                      |                    |                | 99.97%     |
| <ul> <li>b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>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</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                           |                      |                                       |                      | ıs 33 1/3% or mo   | re, check this | . =        |
| check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  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  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | · · · · · · · · · · · · · · · · · · ·                                                                     |                      | • • •                                 |                      |                    |                | ► X        |
| <ul> <li>10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>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</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | - · · · · · · · · · · · · · · · · · · ·                                                                   |                      |                                       | ·                    | ie 15 is 33 1/3% ( | or more,       |            |
| <ul> <li>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</li> <li>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.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                                                                                           |                      |                                       |                      | 40 40              |                | ▶ ∐        |
| organization  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.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0% or m                                 | nore, and if the organization med                                                                         | ets the "facts-and-  | circumstances" te                     | est, check this box  | and stop here.     | Explain in     |            |
| <ul> <li>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.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                                                                                           | iacis-and-circumsi   | ances test. The                       | organization quaii   | nes as a publicly  | ѕирропеа       | ▶ □        |
| <ul> <li>15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.</li> <li>Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                                       |                                                                                                           | 011 If the organize  | ation did not choo                    | ek a hav an lina 13  | 160 16b or 17      | a and line     |            |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                                                                                           |                      |                                       |                      |                    |                |            |
| supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | _                                                                                                         |                      |                                       | •                    | •                  |                |            |
| Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                                                                                           | note the factorall   | o oncumstances                        | tost The Olyaniz     | auon qualiles as   | a publicly     | ▶ □        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | _                                                                                                         | did not check a box  | con line 13 16a                       | 16b 17a or 17b       | check this boy an  | nd see         |            |
| instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | structio                                |                                                                                                           |                      |                                       | ,, 01 170,           | C. COR GIIG DOX AI |                | ▶ []       |

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.)

|              | dar year (or fiscal year beginning in) 🕨                                                                                                                                 | (a) 2008                          | (b) 2009            | (c) 2010             | (d) 2011          | 4.1.0040    | T         |  |  |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|----------------------|-------------------|-------------|-----------|--|--|--|
| 1 (          | <b></b>                                                                                                                                                                  |                                   | \0,                 | (6) 2010             | [ (a) 2011        | (e) 2012    | (f) Total |  |  |  |
| fe           | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")                                                                         |                                   |                     |                      |                   |             |           |  |  |  |
| 2 C          | 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 |                                   |                     |                      |                   |             |           |  |  |  |
|              | Gross receipts from activities that are not an<br>unrelated trade or business under section 513                                                                          |                                   |                     |                      |                   |             |           |  |  |  |
| c            | Tax revenues levied for the<br>organization's benefit and either paid<br>to or expended on its behalf                                                                    |                                   |                     |                      |                   |             |           |  |  |  |
| f            | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge                                                            |                                   |                     |                      |                   |             |           |  |  |  |
| 6 T          | Total. Add lines 1 through 5                                                                                                                                             |                                   |                     |                      |                   |             |           |  |  |  |
|              | Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                 |                                   |                     |                      |                   |             |           |  |  |  |
| re<br>p      | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                                   |                     |                      |                   |             |           |  |  |  |
| c A          | Add lines 7a and 7b                                                                                                                                                      |                                   |                     |                      |                   |             |           |  |  |  |
|              | Public support (Subtract line 7c from                                                                                                                                    |                                   |                     |                      |                   |             |           |  |  |  |
|              | ine 6 )<br>ion B. Total Support                                                                                                                                          |                                   | <u> </u>            |                      | <u></u>           |             | <u> </u>  |  |  |  |
|              | lar year (or fiscal year beginning in)                                                                                                                                   | (a) 2008                          | (b) 2009            | (c) 2010             | (d) 2011          | (e) 2012    | (f) Total |  |  |  |
|              |                                                                                                                                                                          |                                   |                     |                      |                   |             |           |  |  |  |
| <b>10a</b> G |                                                                                                                                                                          |                                   |                     |                      |                   |             |           |  |  |  |
| s            | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  | ection 511 taxes) from businesses |                     |                      |                   |             |           |  |  |  |
| c A          | Add lines 10a and 10b                                                                                                                                                    |                                   |                     |                      | ···               |             |           |  |  |  |
| а            | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on                                               | ***                               |                     |                      |                   |             |           |  |  |  |
| ic           | Other income Do not include gain or oss from the sale of capital assets (Explain in Part IV)                                                                             |                                   |                     |                      |                   |             |           |  |  |  |
|              | Fotal support. (Add lines 9, 10c, 11, and 12)                                                                                                                            |                                   |                     |                      |                   |             |           |  |  |  |
|              | First five years. If the Form 990 is for thorganization, check this box and stop he                                                                                      |                                   | irst, second, third | fourth, or fifth tax | year as a section | n 501(c)(3) | ▶ □       |  |  |  |
|              | ion C. Computation of Public S                                                                                                                                           |                                   | entage              |                      | <del>-</del>      |             |           |  |  |  |
| 15 F         | Public support percentage for 2012 (line                                                                                                                                 | 8, column (f) divi                | ded by line 13, co  | lumn (f))            |                   | 15          | %         |  |  |  |
|              | Public support percentage from 2011 Sci                                                                                                                                  |                                   |                     | ,                    |                   | 16          | %         |  |  |  |
|              | ion D. Computation of Investm                                                                                                                                            |                                   |                     |                      |                   |             |           |  |  |  |
|              | Investment income percentage for 2012                                                                                                                                    | •                                 | •                   | 13, column (f))      |                   | 17          | %         |  |  |  |
|              | Investment income percentage from 201                                                                                                                                    |                                   |                     |                      |                   | _18_        | <u>%</u>  |  |  |  |
|              | 33 1/3% support tests—2012. If the org                                                                                                                                   |                                   |                     |                      |                   |             | , [-]     |  |  |  |
|              | 17 is not more than 33 1/3%, check this I                                                                                                                                |                                   |                     |                      |                   | -           | ▶ [_      |  |  |  |
|              | 33 1/3% support tests—2011. If the org line 18 is not more than 33 1/3%, check t                                                                                         |                                   |                     |                      |                   |             | and 🛌 🥅   |  |  |  |
|              | Private foundation. If the organization of                                                                                                                               |                                   | -                   |                      |                   | -           |           |  |  |  |

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

#### SCHEDULE D (Form 990)

# 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. OMB No 1545-0047 Inspection

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Internal Revenue Service Name of the organization Employer identification number CHILD FOUNDATION, INC 93-1148608 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

S

| Sche     | dule D (Form 990) 2012 CHILD FOU                                                                   |                      |                                                  |                   |                |              | 148608           |                |             | age 2        |
|----------|----------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------|-------------------|----------------|--------------|------------------|----------------|-------------|--------------|
| _Pa      | rt III Organizations Maintainin                                                                    | g Collections        | of Art                                           | , Historica       | l Treasur      | es, or O     | ther Simila      | r Assets       | (contir     | nued)        |
| 3        | Using the organization's acquisition, access collection items (check all that apply)               |                      |                                                  |                   |                |              |                  |                |             |              |
| а        | Public exhibition                                                                                  | d $\sqcap$           | Loan o                                           | r exchange pr     | ograms         |              |                  |                |             |              |
| b        | Scholarly research                                                                                 | e H                  | Other                                            | · chanange pr     | -g             |              |                  |                |             |              |
| С        | Preservation for future generations                                                                |                      |                                                  |                   |                |              |                  |                |             |              |
| 4        | Provide a description of the organization's of                                                     | collections and ext  | olaın hov                                        | v they further    | the organiza   | ition's exe  | mpt purpose in   | Part           |             |              |
|          | XIII                                                                                               | ·                    |                                                  | •                 | Ū              |              |                  |                |             |              |
| 5        | During the year, did the organization solicit                                                      | or receive donatio   | ns of an                                         | t, historical tre | asures, or o   | ther simila  | ır               |                |             |              |
|          | assets to be sold to raise funds rather than                                                       | to be maintained a   | as part c                                        | of the organiza   | ition's collec | tion?        |                  |                | Yes         | No           |
| Pa       | rt IV Escrow and Custodial Ar                                                                      |                      |                                                  |                   | ganizatio      | า answe      | red "Yes" to     | Form 990       | ), Parl     | t IV,        |
|          | line 9, or reported an amou                                                                        | nt on Form 99        | <ol> <li>Part</li> </ol>                         | t X, line 21.     |                |              |                  |                |             |              |
| 1a       | Is the organization an agent, trustee, custoo                                                      | lian or other interr | nediary                                          | for contribution  | ns or other a  | assets not   |                  |                | _           | _            |
|          | included on Form 990, Part X?                                                                      |                      |                                                  |                   |                |              |                  |                | Yes _       | _ No         |
| b        | If "Yes," explain the arrangement in Part XII                                                      | I and complete the   | e followi                                        | ng table          |                |              |                  |                |             |              |
|          |                                                                                                    |                      |                                                  |                   |                |              |                  | Amo            | unt         |              |
|          | Beginning balance                                                                                  |                      |                                                  |                   |                |              | 1c               | <del></del>    |             |              |
|          | Additions during the year                                                                          |                      |                                                  |                   |                |              | 1d               |                |             |              |
| _        | Distributions during the year                                                                      |                      |                                                  |                   |                |              | 1e               |                |             |              |
| f        | Ending balance                                                                                     | - 000 D 434          |                                                  |                   |                |              | 1f               |                | <del></del> | <del></del>  |
|          | Did the organization include an amount on F                                                        |                      |                                                  |                   |                | - b viii     |                  |                | Yes         | No           |
|          | If "Yes," explain the arrangement in Part XII  If V Endowment Funds. Comp                          |                      |                                                  |                   |                |              |                  | lino 10        |             |              |
| <u> </u> | Lindowinient i dinas. Comp                                                                         | (a) Current year     |                                                  | b) Pnor year      | (c) Two ye     |              | (d) Three years  |                | our years   | back         |
| 12       | Beginning of year balance                                                                          | (u) Guiterit your    | <del>  '</del>                                   | by thory car      | (c) two ye     | als back     | (u) Titlee years | Dack (E) F     | our years   | Dack         |
|          | Contributions                                                                                      |                      | <del>                                     </del> |                   | <del></del>    |              | <del></del>      | <del>-  </del> |             |              |
|          | Net investment earnings, gains, and                                                                |                      | 1                                                |                   |                |              |                  |                |             |              |
| •        | losses                                                                                             |                      | 1                                                |                   |                |              |                  |                |             |              |
| d        | Grants or scholarships                                                                             |                      |                                                  |                   |                |              |                  |                |             |              |
|          | Other expenditures for facilities and                                                              |                      |                                                  |                   |                |              | ·                |                |             |              |
|          | programs                                                                                           |                      |                                                  |                   | ĺ              |              |                  |                |             |              |
| f        | Administrative expenses                                                                            |                      |                                                  |                   |                |              |                  |                |             |              |
| g        | End of year balance                                                                                | -                    |                                                  |                   |                | j            |                  |                |             |              |
| 2        | Provide the estimated percentage of the cur                                                        | rent year end bala   | ance (lın                                        | e 1g, column      | (a)) held as   |              |                  |                |             |              |
| а        | Board designated or quasi-endowment ▶                                                              | %                    |                                                  |                   |                |              |                  |                |             |              |
| b        | Permanent endowment ▶ %                                                                            |                      |                                                  |                   |                |              |                  |                |             |              |
| C        | Temporarily restricted endowment ▶                                                                 | %                    |                                                  |                   |                |              |                  |                |             |              |
| _        | The percentages in lines 2a, 2b, and 2c sho                                                        | •                    |                                                  |                   |                |              |                  |                |             |              |
| 3a       | Are there endowment funds not in the posse                                                         | ession of the orga   | nization                                         | that are held a   | and adminis    | tered for th | ne               |                | <u></u>     | T            |
|          | organization by                                                                                    |                      |                                                  |                   |                |              |                  | <u> </u>       | Yes         | No           |
|          | (i) unrelated organizations                                                                        |                      |                                                  |                   |                |              |                  | 3a(            |             | <del> </del> |
| <b>.</b> | (ii) related organizations                                                                         | a listed on require  | d an Ca                                          | shodulo D2        |                |              |                  | 3a(i           |             | $\vdash$     |
| A        | If "Yes" to 3a(ii), are the related organization<br>Describe in Part XIII the intended uses of the | •                    |                                                  |                   |                |              |                  | <u>3b</u>      |             |              |
| Pa       | art VI Land, Buildings, and Equ                                                                    |                      |                                                  |                   | line 10        |              |                  |                |             |              |
|          | Description of property                                                                            | (a) Cost or other    |                                                  | (b) Cost or o     |                | (c) A        | ccumulated       | (d) Bo         | ok value    |              |
|          |                                                                                                    | (investment          |                                                  | (othe             |                |              | preciation       | (-,            |             |              |
| 1a       | Land                                                                                               | 1                    | <del></del>                                      |                   |                |              |                  |                |             |              |
|          | Buildings                                                                                          |                      |                                                  |                   |                |              |                  |                |             |              |
| С        | Leasehold improvements                                                                             |                      |                                                  |                   |                |              |                  |                |             |              |
| d        | Equipment                                                                                          |                      |                                                  | 4                 | 45,935         |              | 15,234           |                | 30,         | 701          |
|          | Other                                                                                              |                      |                                                  |                   |                |              |                  |                |             |              |
| Tota     | I. Add lines 1a through 1e. (Column (d) must                                                       | equal Form 990,      | Part X, c                                        | column (B), lin   | e_10(c))       |              | <b>•</b>         |                | 30,         | 701          |

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| che | edule D (Form 990) 2012 CHILD FOUNDATION, INC                                 | 93-114860            | 8     | Page 4    |
|-----|-------------------------------------------------------------------------------|----------------------|-------|-----------|
| Pa  | art XI Reconciliation of Revenue per Audited Financial Stateme                | nts With Revenue per | Retu  | rn        |
| 1   | Total revenue, gains, and other support per audited financial statements      |                      | 1     | 2,532,865 |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12            |                      | 1     |           |
| а   | Net unrealized gains on investments                                           | 2a                   |       |           |
| þ   | Donated services and use of facilities 2                                      | 2b                   |       |           |
| C   | Recoveries of prior year grants                                               | 2c                   |       |           |
| d   | Other (Describe in Part XIII )                                                | 2d                   |       |           |
| е   | Add lines 2a through 2d                                                       |                      | 2e    |           |
| 3   | Subtract line 2e from line 1                                                  |                      | 3     | 2,532,865 |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:          |                      |       |           |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b              | la                   |       |           |
| b   | Other (Describe in Part XIII )                                                | lb                   |       |           |
| C   | Add lines 4a and 4b                                                           |                      | 4c    |           |
| 5   | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) |                      | 5     | 2,532,865 |
| Pa  | art XII Reconciliation of Expenses per Audited Financial Stateme              | ents With Expenses p | er Re | turn      |
| 1   | Total expenses and losses per audited financial statements                    |                      | 1     | 2,332,930 |
| 2   | Amounts included on line 1 but not on Form 990, Part IX, line 25              |                      |       |           |
| а   | Donated services and use of facilities 2                                      | 2a                   |       |           |
| b   | Prior year adjustments 2                                                      | 2b                   |       |           |
| C   | Other losses 2                                                                | 2c                   |       |           |
| d   | Other (Describe in Part XIII )                                                | 2d 475               |       |           |
| е   | Add lines 2a through 2d                                                       |                      | 2e    | 475       |
| 3   | Subtract line 2e from line 1                                                  |                      | 3     | 2,332,455 |
| 4   | Amounts included on Form 990, Part IX, line 25, but not on line 1:            |                      |       |           |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b              | la                   |       |           |
| b   | Other (Describe in Part XIII )                                                | lb                   |       |           |
| _   | Add loop 4s and 4h                                                            |                      | ایما  |           |

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

\$

475

2,332,455

# 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
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHILD FOUNDATION, INC

Employer identification number 93-1148608

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 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? Yes X No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 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 (d) is (f) Total offices in the employees, agents, region (by type) (e g , a program service expenditures for region fundraising, program services, describe specific type of and investments contractors investments service(s) in region ın region in region grants to recipients located in the region) EAST ASIA AND PACIFIC PROGRAM SERVICES (1) HUMANITARIAN AID 26,000 SOUTH ASIA (2) PROGRAM SERVCES HUMANITARIAN AID 20,675 MIDDLE EAST PROGRAM SERVICES HUMANITARIAN AID (3) 1,535,322 (4) (5) (6) (7) (8) (9) (10)(11) (12) (13)(14)(15)(16)(17)3a Sub-total 1,581,997 b Total from continuation sheets to Part I c Totals (add lines 3a and 3b 1,581,997

Page 2

HNC

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, . Part IV. Ine 15, for any recipient who received more than \$5,000. Part II can be dublicated if additional space is needed. Schedule F (Form 990) 2012 CHILD FOUNDATION, Part II Grants and Other Assistance to Ordan

93-1148608

|                                                                                                                             | (i) Method of valuation (book, FMV, appraisal. | other)          | PURCHASE            |           |                     |                     |   |     |     |       |   |      |      |      |      |      |      |      |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------|---------------------|-----------|---------------------|---------------------|---|-----|-----|-------|---|------|------|------|------|------|------|------|
| Ö                                                                                                                           | (h) Description<br>of non-cash                 | assistance      |                     | FOOD      |                     |                     |   |     |     |       |   |      |      |      |      |      |      |      |
| al space is neede                                                                                                           | (g) Amount of<br>non-cash                      | assistance      |                     | 1,215,187 | SFER                | SFER                |   |     |     |       |   |      |      |      |      |      |      |      |
| ted it additions                                                                                                            | (f) Manner of cash                             | disbursement    | WIRE TRANSFER       |           | WIRE TRAN           | WIRE TRANSFER       |   |     |     |       |   |      |      |      |      |      |      |      |
| II can be duplica                                                                                                           | (e) Amount of cash grant                       |                 | 270,000             |           | 20,675              | 26,000              |   |     |     |       |   |      |      |      |      |      |      |      |
| Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated it additional space is needed | (d) Purpose of<br>grant                        |                 | HUMANITARIAN RELIEF |           | HUMANITARIAN RELIEF | HUMANITARIAN RELIEF |   |     |     |       |   |      |      |      |      |      |      |      |
| cipient wno rec                                                                                                             | (c) Region                                     |                 |                     |           |                     |                     |   |     |     |       |   |      |      |      |      |      |      |      |
| e 15, ror any re                                                                                                            | (b) IRS code section and EIN                   | (rf applicable) |                     |           | ,                   |                     |   |     |     |       |   |      |      |      |      |      |      |      |
| Part IV, III                                                                                                                | (a) Name of organization                       |                 |                     |           |                     |                     |   |     |     |       |   |      |      |      |      |      |      |      |
|                                                                                                                             | -                                              |                 |                     | Ξ         | (2)                 | <u>3</u>            | € | (2) | (9) | <br>6 | 6 | (10) | (11) | (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 ~

Schedule F (Form 990) 2012

Enter total number of other organizations or entities 3

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund 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)

Yes

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

X No

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

Schedule F (Form 990) 2012

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                | EX | PENDITURES | INVESTM | ENTS |
|-----------------------|----|------------|---------|------|
| EAST ASIA AND PACIFIC | \$ | 26,000     | \$      | 0    |
| SOUTH ASIA            | \$ | 20,675     | \$      | 0    |
| MIDDLE EAST           | \$ | 1,535,322  | \$      | 0    |

### **SCHEDULE G** (Form 990 or 990-EZ)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

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

| CHILD FOUNDATION,                                                                                                                                                                                                              | INC                              |                 |                        |                                   | 93-11486                                                       |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------|------------------------|-----------------------------------|----------------------------------------------------------------|---------------------------------------------------------|
| Part I Fundraising Activities. Complete in Form 990-EZ filers are not required                                                                                                                                                 | if the organiza<br>to complete t | ition<br>his r  | ans<br>art             | wered "Yes" to Forn               |                                                                |                                                         |
| 1 Indicate whether the organization raised funds through                                                                                                                                                                       |                                  |                 | _                      | es Check all that apply           |                                                                |                                                         |
| a Mail solicitations                                                                                                                                                                                                           | Solicitation                     | of no           | n-go                   | vernment grants                   |                                                                |                                                         |
| b Internet and email solicitations                                                                                                                                                                                             | Solicitation                     | of go           | vern                   | ment grants                       |                                                                |                                                         |
| c Phone solicitations                                                                                                                                                                                                          | g 🔲 Special fun                  | draisi          | ıng e                  | vents                             |                                                                |                                                         |
| d In-person solicitations                                                                                                                                                                                                      |                                  |                 |                        |                                   |                                                                |                                                         |
| 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. | y in connection wi               | th pro<br>suant | ofess<br>to ag         | ional fundraising service         | s?                                                             | Yes No                                                  |
| (i) Name and address of individual or entity (fundraiser)                                                                                                                                                                      | (II) Activity                    | custo<br>contr  | have<br>dy or<br>ol of | (IV) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in | (vi) Amount paid to<br>(or retained by)<br>organization |
|                                                                                                                                                                                                                                |                                  | contrib         |                        |                                   | col (i)                                                        |                                                         |
| 1                                                                                                                                                                                                                              |                                  | Yes             | NO                     |                                   |                                                                |                                                         |
| 2                                                                                                                                                                                                                              |                                  |                 |                        |                                   |                                                                |                                                         |
| 3                                                                                                                                                                                                                              |                                  |                 |                        |                                   |                                                                |                                                         |
| 4                                                                                                                                                                                                                              |                                  |                 |                        |                                   |                                                                |                                                         |
| 5                                                                                                                                                                                                                              |                                  |                 |                        |                                   |                                                                |                                                         |
| 6                                                                                                                                                                                                                              |                                  |                 |                        |                                   |                                                                |                                                         |
| 7                                                                                                                                                                                                                              |                                  |                 | :                      |                                   |                                                                |                                                         |
| 8                                                                                                                                                                                                                              |                                  |                 |                        |                                   |                                                                |                                                         |
| 9                                                                                                                                                                                                                              |                                  |                 |                        |                                   |                                                                |                                                         |
| 0                                                                                                                                                                                                                              |                                  |                 |                        |                                   |                                                                |                                                         |
| otal                                                                                                                                                                                                                           |                                  |                 | ▶                      |                                   |                                                                |                                                         |

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012 CHILD FOUNDATION, INC 93-1148608 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List

|                 |      | events with gr                                 | oss receipts greater than a                            | <u> </u>                      |                                                  |                                          |  |  |  |
|-----------------|------|------------------------------------------------|--------------------------------------------------------|-------------------------------|--------------------------------------------------|------------------------------------------|--|--|--|
|                 |      |                                                | (a) Event #1                                           | (b) Event #2                  | (c) Other events                                 | (d) Total aventa                         |  |  |  |
|                 |      |                                                | VALENTINE EVENT                                        |                               | NONE                                             | (d) Total events<br>(add col (a) through |  |  |  |
|                 |      |                                                | (event type)                                           | (total number)                | col (c))                                         |                                          |  |  |  |
| Revenue         | 1    | Gross receipts                                 | 33,955                                                 |                               |                                                  | 33,955                                   |  |  |  |
|                 | 2    | Less: Contributions                            |                                                        |                               |                                                  |                                          |  |  |  |
|                 | 3    | Gross income (line 1 minus                     |                                                        |                               |                                                  |                                          |  |  |  |
|                 |      | line 2)                                        | 33,955                                                 |                               | <del> </del> -                                   | 33,955                                   |  |  |  |
|                 | 4    | Cash prizes                                    |                                                        |                               |                                                  |                                          |  |  |  |
|                 | 5    | Noncash prizes                                 |                                                        |                               |                                                  |                                          |  |  |  |
| enses           | 6    | Rent/facility costs                            |                                                        |                               |                                                  | _                                        |  |  |  |
| Direct Expenses | 7    | Food and beverages                             |                                                        |                               |                                                  |                                          |  |  |  |
| DIR             | 8    | Entertainment                                  |                                                        |                               |                                                  |                                          |  |  |  |
|                 | 9    | Other direct expenses                          | 33,713                                                 |                               |                                                  | 33,713                                   |  |  |  |
| İ               | 10   | Direct expense summary                         | / Add lines 4 through 9 in column                      | (d)                           |                                                  | 33,713<br>242                            |  |  |  |
|                 |      | Net income summary Co                          | ombine line 3, column (d), and line                    | 10                            |                                                  |                                          |  |  |  |
| P               | art  |                                                | plete if the organization and on Form 990-EZ, line 6a. | swered "Yes" to Form 99       | 90, Part IV, line 19, o                          | or reported more                         |  |  |  |
| و ا             |      |                                                | (a) Bingo                                              | (b) Pull tabs/instant         | (c) Other gaming                                 | (d) Total gaming (add                    |  |  |  |
| Revenue         |      |                                                | (a) bingo                                              | bingo/progressive bingo       |                                                  |                                          |  |  |  |
| Ş.              | 4    | Gross revenue                                  |                                                        |                               |                                                  |                                          |  |  |  |
| $\neg$          |      | Gloss levellue                                 |                                                        |                               | <del>                                     </del> |                                          |  |  |  |
| sesu            | 2    | Cash prizes                                    |                                                        |                               |                                                  |                                          |  |  |  |
| Σ.              | 3    | Noncash prizes                                 |                                                        |                               |                                                  |                                          |  |  |  |
| Direct Expenses | 4    | Rent/facility costs                            |                                                        |                               | <del> </del>                                     |                                          |  |  |  |
|                 | 5    | Other direct expenses                          |                                                        |                               |                                                  |                                          |  |  |  |
| $\neg$          | Ŭ    | 3.1.01 4.1.001 5.7.001.000                     | Yes %                                                  | Yes %                         | Yes                                              | %                                        |  |  |  |
|                 | 6    | Volunteer labor                                | No                                                     | No                            | No                                               |                                          |  |  |  |
|                 | 7    | Direct expense summary                         |                                                        | <b>&gt;</b> (                 |                                                  |                                          |  |  |  |
|                 | 8    | Net gaming income sum                          | mary Combine line 1, column d, a                       | and line 7                    |                                                  | <b>•</b>                                 |  |  |  |
| 9               | Fn   | iter the state(s) in which th                  | ne organization operates gaming a                      | ctivities                     |                                                  |                                          |  |  |  |
| а               | ls 1 |                                                | to operate gaming activities in each                   |                               |                                                  | Yes No                                   |  |  |  |
|                 | ••   | ··-,                                           |                                                        |                               |                                                  |                                          |  |  |  |
|                 |      | ere any of the organization<br>'Yes," explain: | n's gamıng licenses revoked, susp                      | ended or terminated during th | e tax year?                                      | Yes No                                   |  |  |  |

| Does the organization operate gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Indicate the percentage of gaming activity operated in  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶  Address ▶  Does the organization have a contract with a third party from whom the organization receives gaming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sche | edule G (Form 990 or 990-EZ) 2012 CHILD FOUNDATION, INC                                                       | 93-11486           | 508            | Page 3      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------|--------------------|----------------|-------------|
| formed to administer chantable gaming?    Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11   | Does the organization operate gaming activities with nonmembers?                                              |                    |                |             |
| Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ c If "Yes," enter name and address of the third party ▶ \$ c If "Yes," enter name and address of the third party ▶ \$ c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  □ Yes □  ■ Yes □  ■ Yes □  ■ Yes □  ■ Yes □  ■ Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this           | 12   | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | y                  |                | _           |
| a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party Name ▶ Address ▶  16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions. a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9t, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this |      |                                                                                                               |                    | _ , 🔲 <b>`</b> | Yes 🗌 No    |
| b An outside facility  13b  14Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions.  a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  □ Yes □  Yes □  Yes □  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                        | 13   |                                                                                                               |                    |                |             |
| Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization   \$\\$\$ and the amount of gaming revenue retained by the third party   \$\\$\$ of If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions.  a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                      | _    |                                                                                                               | <del></del>        |                | <u>%</u>    |
| Name ►  Address ►  Address ►  Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      | •                                                                                                             |                    | <u>b</u> ]     | %_          |
| Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt advivites during the tax year ▶\$  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                              | 14   |                                                                                                               | s and              |                |             |
| Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$  If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                               |      | Name ▶                                                                                                        |                    |                |             |
| revenue?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      | Address ►                                                                                                     |                    |                |             |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$  c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                 | 15a  |                                                                                                               |                    | $\Box$         | Yes 🗌 No    |
| c If "Yes," enter name and address of the third party  Name ▶  Address ▶  16 Gaming manager information  Name ▶  Gaming manager compensation ▶\$  Description of services provided ▶  □ Director/officer □ Employee □ Independent contractor  17 Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                                                                                                                                                                             | b    | If "Yes," enter the amount of gaming revenue received by the organization ▶\$                                 | and the            |                |             |
| Name ►  Address ►  16 Gaming manager information  Name ►  Gaming manager compensation ►\$  Description of services provided ►  Director/officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | amount of gaming revenue retained by the third party ▶\$                                                      |                    |                |             |
| Address ►  16 Gaming manager information  Name ►  Gaming manager compensation ►\$  Description of services provided ►  Director/officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | С    | If "Yes," enter name and address of the third party                                                           |                    |                |             |
| Name ►  Gaming manager compensation ►\$  Description of services provided ►  Director/officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Name ▶                                                                                                        |                    |                |             |
| Saming manager compensation ►\$  Description of services provided ►  Director/officer Employee Independent contractor  17 Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ►  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | Address ▶                                                                                                     |                    |                |             |
| Gaming manager compensation ▶\$  Description of services provided ▶  Director/officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 16   | Gaming manager information                                                                                    |                    |                |             |
| Director/officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | Name ▶                                                                                                        |                    |                |             |
| Director/officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | Gaming manager compensation ▶\$                                                                               |                    |                |             |
| 17 Mandatory distributions.  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      | Description of services provided ▶                                                                            |                    |                |             |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      | Director/officer Employee Independent contractor                                                              |                    |                |             |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17   | Mandatory distributions.                                                                                      |                    |                |             |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | а    | ·                                                                                                             | <b>o</b>           |                |             |
| spent in the organization's own exempt activities during the tax year ▶   Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                                                               |                    | Y              | res 🗌 No    |
| Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b    | Enter the amount of distributions required under state law to be distributed to other exempt organizations    | s or               |                |             |
| columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Dar  |                                                                                                               |                    | <u></u>        |             |
| part to provide any additional information (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Par  | columns (iii) and (v) and Part III, lines 9, 9h, 10h, 15h, 15c, 16, and 17h, as                               | equired by Part I, | line 2b        | ,<br>o thio |
| part to provide any additional information (see instructions).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | nart to provide any additional information (see instructions)                                                 | applicable. Also c | ompiete        | e uns       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | part to provide any additional information (see instructions).                                                | ···                | <del></del>    |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                               |                    |                |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                               |                    |                |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                               |                    |                |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                               |                    |                |             |
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Schedule G (Form 990 or 990-EZ) 2012

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

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

CHILD FOUNDATION, INC

Employer identification number 93-1148608

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

IRAN: CHILD FOUNDATION MATCHES SUPPORTERS FROM USA AND OTHER COUNTRIES WITH

DISADVANTAGED CHILDREN IN IRAN WHO NEED ASSISTANCE IN ORDER TO STAY IN

SCHOOL. THE CHILDREN AND THEIR FAMILIES ARE IDENTIFIED BY A SOCIAL SERVICE

AGENCY IN IRAN, REFAH KOUDAK, AND THEN REFERRED TO CHILD FOUNDATION. THE

APPROXIMATE NUMBER OF CHILDREN RECEIVING SUPPORT IS 3,000. BECAUSE OF THE

SANCTIONS AGAINST IRAN, SUPPORT IS PROVIDED IN THE FORM OF BULK FOOD, WHICH

IS DISTRIBUTED TO THE CHILDREN'S FAMILIES. AS SANCTIONS ARE LIFTED, CHILD

FOUNDATION MAY PROVIDE CASH ASSISTANCE AS WELL, AFTER RECEIVING APPROVAL

FROM OFAC (US OFFICE OF FOREIGN ASSET CONTROL). IN THE FISCAL YEAR ENDED

MAY 31, 2012, CHILD FOUNDATION RECEIVED PERMISSION TO PROVIDE \$270,000 IN

CASH RELIEF TO VICTIMS OF THE EARTHQUAKE IN TABRIZ. NUMBER OF CHILDREN

RECEIVING SUPPORT = 3,000 TOTAL REVENUE IS \$1,858,120 AND TOTAL EXPENSES IS

\$1,763,382

AFGHANISTAN: CHILD FOUNDATION MATCHES SUPPORTERS IN THE USA AND OTHER COUNTRIES WITH DISADVANTAGED CHILDREN IN AFGHANISTAN WHO NEED ASSISTANCE IN ORDER TO STAY IN SCHOOL. CF ALSO SUPPORTS THE PROGRAMS OF FUTURE FOR AFGHAN CHILDREN, WHICH RUNS A COMPUTER SCHOOL AND A THEATER CAMP, AS WELL AS A PROGRAM FOR THALASSEMIA AWARENESS AND SUPPORT. NUMBER OF CHILDREN RECEIVING SUPPORT = 90 TOTAL REVENUE IS \$37,242 AND TOTAL EXPENSES IS \$20,675

INDONESIA: SUPPORT IS PROVIDED TO NEEDY CHILDREN AND ENABLES THEM TO CONTINUE THEIR EDUCATION. ABOUT HALF OF THE CHILDREN ARE IN ELEMENTARY AND MIDDLE SCHOOL, AND THE OTHER HALF ARE IN HIGH SCHOOL. NUMBER OF CHILDREN

Employer identification number

93-1148608

RECEIVING SUPPORT = 42 TOTAL REVENUE IS \$14,544 AND TOTAL EXPENSES IS \$26,000

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT SEE PROGRAM ACCOMPLISHMENTS UNDER ADDITIONAL INFORMATION

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES UNITED ARAB EMIRATES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
PT VII, LINE 2C BOARD AND EXTERNAL ACCOUNTANT APPROVES AUDIT
PT VI-C, LINE 19 AVAILABLE ON THE WEBSITE 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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ANNUAL REVIEW AT BOARD MEETING

PT VI-B LINE 15 COMPENSATION REVIEWED BY THE BOARD

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE \$

-475

Name(s) shown on return

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Identifying number

Internal Revenue Service

► See separate instructions.

Attach to your tax return.

|            | CHILD                                                                                                                  | FOUNDATION             | N, INC                                          |                        |                                                  | 93-            | <u> 114</u>       | 18608                                            |
|------------|------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------|------------------------|--------------------------------------------------|----------------|-------------------|--------------------------------------------------|
|            | ess or activity to which this form relates  NDIRECT DEPRECIA!                                                          | rion                   |                                                 |                        |                                                  |                |                   | _                                                |
|            | art I Election To Expe                                                                                                 | nse Certain Pr         | operty Under Sec                                |                        |                                                  |                |                   |                                                  |
|            | Note: If you have                                                                                                      | any listed prope       | erty, complete Part                             | <u>V before yo</u>     | ou complete                                      | Part I         |                   | ·                                                |
| 1          | Maximum amount (see instruction                                                                                        | ons)                   |                                                 |                        |                                                  |                | 1                 | 500,000                                          |
| 2          | Total cost of section 179 propert                                                                                      | •                      | •                                               |                        |                                                  |                | 2                 |                                                  |
| 3          | Threshold cost of section 179 pr                                                                                       |                        | •                                               | structions)            |                                                  |                | 3                 | 2,000,000                                        |
| 4          | Reduction in limitation Subtract                                                                                       |                        | •                                               |                        |                                                  |                | 4                 |                                                  |
|            | Dollar limitation for tax year Subtract                                                                                |                        |                                                 |                        |                                                  | s              | 5                 |                                                  |
| _6         | (a) Description                                                                                                        | n of property          | (b) Co                                          | st (business use o     | only) (c)                                        | Elected cost   |                   |                                                  |
|            |                                                                                                                        |                        |                                                 |                        |                                                  |                |                   |                                                  |
|            | - <del></del>                                                                                                          | ····                   |                                                 |                        | <del>,                                    </del> |                |                   |                                                  |
| 7          | Listed property Enter the amour                                                                                        |                        |                                                 |                        | 7                                                |                | ·                 |                                                  |
| 8          | Total elected cost of section 179                                                                                      |                        | , -                                             | 6 and 7                |                                                  |                | 8                 |                                                  |
| 9          | Tentative deduction Enter the si                                                                                       |                        |                                                 |                        |                                                  |                | 9                 |                                                  |
| 10         | Carryover of disallowed deduction                                                                                      | •                      |                                                 |                        |                                                  |                | 10                | <u></u>                                          |
| 11         | Business income limitation Ente                                                                                        |                        |                                                 |                        | ine 5 (see instru                                | ictions)       | 11                |                                                  |
| 12         | Section 179 expense deduction                                                                                          |                        |                                                 | than line 11           | ····                                             |                | 12                |                                                  |
| 13<br>Note | Carryover of disallowed deduction: Do not use Part II or Part III belo                                                 |                        |                                                 |                        | 13                                               | ***            |                   | <u> </u>                                         |
|            |                                                                                                                        |                        |                                                 | sistian (Da            |                                                  | 1:-41          |                   | -t \ /O :tt                                      |
|            |                                                                                                                        |                        |                                                 |                        |                                                  | iistea pi      | oper              | rty ) (See instructions                          |
| 14         | Special depreciation allowance for                                                                                     |                        | (other than listed prope                        | eπy) piaced in         | service                                          |                |                   |                                                  |
| 4 =        | during the tax year (see instructions)                                                                                 |                        |                                                 |                        |                                                  |                | 14                |                                                  |
| 15<br>16   | Property subject to section 168(f                                                                                      |                        |                                                 |                        |                                                  |                | 15<br>16          | · · · · · · · · · · · · · · · · · · ·            |
| 16<br>Da   | Other depreciation (including ACRS)  Part III MACRS Depreciation (Do not include listed property ) (See instructions.) |                        |                                                 |                        |                                                  |                |                   |                                                  |
| Ге         | III III WACKS Deprecia                                                                                                 | ווטוז (טט זוטנ וווע    | Section A                                       | y ) (See ins           | structions.)                                     |                |                   |                                                  |
| 17         | MACRS deductions for assets pl                                                                                         | acad in contract in te |                                                 | 2012                   |                                                  |                | 47                | 1,178                                            |
| 18         | •                                                                                                                      |                        |                                                 |                        |                                                  | $\blacksquare$ | 17                | 1,110                                            |
| 10         | If you are electing to group any assets place Section B—As                                                             |                        | vice During 2012 Tax '                          |                        |                                                  | reciation      | Syste             |                                                  |
|            | 300.0.1.2 7.0                                                                                                          | (b) Month and year     | (c) Basis for depreciation                      | 1                      | C Concidi Bop                                    | reciation      | 7                 | ····                                             |
|            | (a) Classification of property                                                                                         | placed in<br>service   | (business/investment use only-see instructions) | (d) Recovery<br>period | (e) Convention                                   | (f) Metho      | od                | (g) Depreciation deduction                       |
| 19a        | 3-year property                                                                                                        |                        |                                                 |                        |                                                  |                |                   |                                                  |
| b          | 5-year property                                                                                                        |                        |                                                 |                        |                                                  |                |                   |                                                  |
| С          | 7-year property                                                                                                        |                        |                                                 |                        |                                                  |                |                   |                                                  |
| d          | 10-year property                                                                                                       |                        |                                                 | 1                      |                                                  |                |                   | ···                                              |
| е          | 15-year property                                                                                                       |                        |                                                 |                        |                                                  |                |                   |                                                  |
| f_         | 20-year property                                                                                                       |                        |                                                 |                        |                                                  |                |                   |                                                  |
| g          | 25-year property                                                                                                       |                        | · · · · · · · · · · · · · · · · · · ·           | 25 yrs                 |                                                  | S/L            |                   |                                                  |
| h          | Residential rental                                                                                                     |                        |                                                 | 27 5 yrs.              | MM                                               | S/L            |                   |                                                  |
|            | property                                                                                                               |                        |                                                 | 27 5 yrs               | MM                                               | S/L            |                   |                                                  |
| i          | Nonresidential real                                                                                                    |                        |                                                 | 39 yrs.                | MM                                               | S/L            |                   | <u></u>                                          |
|            | property                                                                                                               | <u> </u>               | L                                               |                        | MM                                               | S/L            |                   |                                                  |
|            |                                                                                                                        | ets Placed in Servi    | ce During 2012 Tax Ye                           | ear Using the          | Alternative De                                   |                | n Syst            | tem                                              |
|            | Class life                                                                                                             | 4                      |                                                 | <del></del>            |                                                  | S/L            |                   |                                                  |
|            | 12-year                                                                                                                |                        |                                                 | 12 yrs                 |                                                  | S/L            | $\longrightarrow$ |                                                  |
|            | 40-year                                                                                                                | 1                      | <u> </u>                                        | 40 yrs                 | MM                                               | S/L            |                   | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |
|            | rt IV Summary (See ins                                                                                                 |                        |                                                 |                        |                                                  | <del></del> -  |                   |                                                  |
| 21         | Listed property Enter amount fro                                                                                       |                        |                                                 |                        |                                                  |                | 21                |                                                  |
| 22         | Total. Add amounts from line 12                                                                                        |                        |                                                 |                        |                                                  | ere            |                   |                                                  |
|            | and on the appropriate lines of ye                                                                                     |                        | •                                               |                        | tions                                            |                | 22                | 1,178                                            |
| 23         | For assets shown above and pla                                                                                         |                        | -                                               | r the                  |                                                  |                |                   |                                                  |
|            | portion of the basis attributable to                                                                                   | o section 263A cost    | S                                               |                        | 23                                               |                |                   |                                                  |