

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



Form

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 2014 Open to Public

Interr	nal Revenue Servic	e		► Information	about Form 990	and its instruction	s is at www.i	s.gov/form990.		Inspection
Α,	For the 2014,	çalendar y	ear, or tax	year beginnin	06/01/14	, and ending	05/31/	15		
В	Check if applicable	C Name of c	organization						D Employer	identification number
	Address <del>ch</del> ange			CHILD F	OUNDATION,	INC.				
$\equiv$	•	Doing bus	siness as						93~13	148608
<u></u>	Name change	Number a	and street (or P		delivered to street add	lress)	-	Room/suite	E Telephon	e number
[ ] I	Initial return	4475	SW SCI	HOLLS FERE	RY ROAD	_		170	503-2	224-0409
	Final return/	City or tov	wn, state or pro	ovince, country, and 2	ZIP or foreign postal o	ode				
	terminated	PORT:	LAND		OR 97	225			G Gross rece	eipts\$ 2,422,149
<b>□</b> /	Amended return	F Name and	d address of pr	incipal officer	-					
	Application pending	DR.	PEYMA	N RAOOF	Ţ			H(a) Is this a gr	oup return for s	ubordinates? Yes X No
						D STE 17	0	H(b) Are all sul	ordinates incl	uded? Yes No
			TLAND			97225	•	If "No	" attach a list	(see instructions)
-	<del> </del>			504() (			7 507	-		
	Tax-exempt status		01(c)(3)	501(c) (	(insert no )	4947(a)(1) or	527	┥		•
				UNDATION		·		H(c) Group ex		
	Form of organization			rust Association	on Other		<u>                                 </u>	Year of formation 1	994	M State of legal domicale OR
P	artা - Si	ummary								
	1 Briefly de	escribe the	organization	on's mission or n	nost significant a	ctivities				
9	HUM2	ANITARI	IAN AID	•						
Ē										
Governance										
Š	2 Check th	his box ▶	if the ord	anization discor	ntinued its operat	ons or disposed o	of more than	25% of its net	assets.	
		<u> </u>			ody (Part VI, line	-			3	6
Ś		-		-		(Part VI, line 1b)			4	6
Activities &									5	11
÷	I .				dar year 2014 (P	art v, line za)			6	30
¥	I .		-	stimate if necess					<del></del>	0
	1			_ \	li, column (C), lir				7a	
	<b>b</b> Net unre	elated busir	ness taxabl	e income from/F	orm 990-T, line 3	34		<u> </u>	7b	0
				100	\			Prior Ye		2,426,095
e				VIII, line 1h				2,20	4,712	2,426,093
Revenue	9 Program	n service re	venue (Par	tVIII, line 2g) 🤇						405
ě	10 Investme	ent income	(Part VIII)	column (A), line	3-4, and 7d)				439	495
œ	11 Other re	evenue (Par	rt VIII, colù	(n)(A), lines 5, 6	d <del>, 8</del> c, 9c, 10c, a	nd 11e)				-4,441
	12 Total rev	venue – ad	d lines 8 th	nough 11 (must	equal-Rart VIII, c	olumn (A), line 12	)		5,151	2,422,149
	13 Grants a	and similar	amounts p	aid (ParkIX, Cotu	ımn (A), lines 1–3	3)		1,36	0,312	1,729,336
				rs (Partix) colur		,				0
w	15 Salaries	other com	nensation	employee bene	tile Part IX colu	mn (A), lines 5–10	0)	43	5,476	338,870
Se	16aProfessi	onal fundra	aleina foos	(Part IX, column	(Δ) line 11e)	( 1),	-,			38,109
Expenses				art IX, column ([		123,6	88	، و تم عرب و سومته ب	fulfarmer to t	
X						123,0			7,770	345,959
_	I .				a-11d, 11f-24e)	A) 1 05)			<del>7,770</del> 3,558	2,452,274
	1	•			Part IX, column (	A), line 25)			1,593	
	19 Revenu	e less expe	enses. Subt	ract line 18 from	line 12			Beginning of Cu		-30,125 End of Year
Assets or									4,050	314,059
Sse	20 Total as									42,212
₹ <u></u>									2,078	
<u>Ž.</u>				Subtract line 21	from line 20			30	1,972	271,847
		ignature								
U	nder penalties o	of perjury, I d	eclare that I	have examined th	is return, including	accompanying sch	edules and st	atements, and to	the best of r	my knowledge and belief, it is
tn	ue, correct, and	complete D	eclaration of	preparer (other th	nan officer) is base	d on all information	of which prep	arer has any kno	wledge 	
					Δ					
Sig	an 🖊 🔭	Signature of o	fficer		//				Date	
He		DR.	PEYMAN	N RAOOFI	ley Mank	٠. ا	PRES	IDENT		12/5/2015
		Type or print r	name and title		17/	*/-	-			
	Print/Tv	pe preparer's	name	·	Preparer's sign	nature		Date	Check	of PTIN
Pai	1 1							12/0	1/15 self-en	<b>□</b>
	Darer ——	<del> </del>	Da==	neula A	200127 + 1 7 -	· Comitae	e T==			
	1 1111131	name •				Service		•	Firm's EIN	
US	e Only					d Ste 30		,		6E0E00 E001
	Firm's a				rancisco,		80-193	<u> </u>	Phone no	650-588-5221
					above? (see ins	tructions)	_	<del></del>		Yes No
For		duction Act	Notice, see	the separate ins	structions.	د۷				Form 990 (2014)
~~	•					V . 1	· /			1 \

rm 990 (201	4) CHILD FOUNDATION	INC.	93-1148608	Page <b>2</b>
Part III	Statement of Program Service Check if Schedule O contains			X
	escribe the organization's mission chedule O			
	organization undertake any significant m 990 or 990-EZ?	program services during the	year which were not listed on the	Yes X No
•	describe these new services on Sche- organization cease conducting, or make		it conducts, any program	☐ Yes 🛣 No
	describe these changes on Schedule	O.		
	_		ts three largest program services, as me	asured by
	s Section 501(c)(3) and 501(c)(4) org expenses, and revenue, if any, for ea	•	port the amount of grants and allocations	s to others,
ASSIS' IDENT: REFERI FOUND FOREIC OF THE	CHILD FOUNDATION STANCE IN ORDER TO SIFIED BY A SOCIAL SERED TO CHILD FOUNDATION RECEIVED A LIGHT ASSET CONTROL TO E FISCAL YEAR, \$1,580 IN FOOD WAS SENTE	STAY IN SCHOOL SERVICE AGENCY ATION. IN THE CENSE FROM US SEND \$2,000,0 668,590 HAD BE	AGS 1,626,687) (Reverting the Children in Internation of International Internation of Internation of International Intern	IRAN WHO NEED HEIR FAMILIES ARE AK, AND THEN AY 31, 2015, CHII REASURY, OFFICE O PRIOR TO THE ENI ADDITION TO THAT,
COUNTY ORDER CHILDY AND C	NISTAN: CHILD FOUNT RIES WITH DISADVANT TO STAY IN SCHOOL REN, WHICH RUNS A C ELEBRATES UNITED NA	CAGED CHILDREN CF ALSO SUPPO COMPUTER SCHOOL ATIONS EVENTS,	sof\$ 86,988) (Rever SUPPORTERS IN THE U IN AFGHANISTAN WHO ORTS THE PROGRAMS OF L AND A BLOOD DRIVE, SUCH AS UNIVERSAL C WARENESS AND SUPPORT	SA AND OTHER NEED ASSISTANCE I FUTURE FOR AFGHA DISTRIBUTES FOOL HILDREN'S DAY. IT
4c (Code.		· 2,000 including grant		
CONTI		I. ABUT HALF O	DY CHILDREN AND ENAB F THE CHILDREN ARE I IN HIGH SCHOOL.	
-	rogram services (Describe in Schedule			•
(Expens		ding grants of \$ 2,186,205	) (Revenue \$	)
re rotal pr	ogram service expenses	<u> </u>		

# Part IV. Checklist of Required Schedules

Yes No 1 \ Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Part III 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 X 6 "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 If "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

<u> </u>	Tit IV Checklist of Required Schedules (continued)			
			Yes	No
21 `	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	_	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			•
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<del> </del>	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del>                                     </del>	<del> </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├──
25a		امدا		v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del>                                     </del>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		x
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		x
	disqualified persons? If "Yes," complete Schedule L, Part II	_20_	$\vdash$	<del></del>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ŀ		1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		\$27.
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1.72		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	i		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	ļ		
	or IV, and Part V, line 1	34	<b> </b>	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	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	<b>↓</b> —
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	İ		1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	├	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			-
	Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	0 (2014

		3-1148	<u>808</u>			Р	age 5
Pa	rt V. Statements Regarding Other IRS Filings and Tax Compli						
	Check if Schedule O contains a response or note to any line	in this Par	<u>t V</u>				Щ.
•		1	1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1a	11	<u></u>		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	L	1b	0		3-1-1	
С	Did the organization comply with backup withholding rules for reportable payments to v	vendors and			- 23d		- T
	reportable gaming (gambling) winnings to prize winners?	_			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					*****	***
	Statements, filed for the calendar year ending with or within the year covered by this re	_	2a	11		Date of the	ZŽ
b	If at least one is reported on line 2a, did the organization file all required federal employers	~			<u>2b</u>	X	867 812
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (s		าร)		145	4 <b>1</b> 2	<b>31.</b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation				3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a sign			•		l	
	over, a financial account in a foreign country (such as a bank account, securities account	unt, or other f	inanci	al	1.		
	account)?				4a	X	74. 3
þ	If "Yes," enter the name of the foreign country. UNITED ARAB EMIRA		_		ر میکند.		<b>禁</b> 以
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and Financial	Acco	unts	- <del>20</del> -		444 - 5.
_	(FBAR).	_					1800 S
	Was the organization a party to a prohibited tax shelter transaction at any time during t	•		_	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax	shelter trans	action	?	5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,		the				<b>.</b>
	organization solicit any contributions that were not tax deductible as charitable contribu				6a	ļ	X
Ь	If "Yes," did the organization include with every solicitation an express statement that s	such contribut	ions o	r	١		
_	gifts were not tax deductible?				6b	5-42;	Stra mint
7	Organizations that may receive deductible contributions under section 170(c).				22	~~~.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution	and partly for	r good	S	\		
	and services provided to the payor?				7a	_	X
þ	If "Yes," did the organization notify the donor of the value of the goods or services prov				7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property	y for which it v	vas		1_		,,
	required to file Form 8282?	1	1		7c		X
d	, ·	L	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a per			act?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal				7 <del>f</del>		X
9	If the organization received a contribution of qualified intellectual property, did the organization			' <del>'</del>	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, d				7h	ļ	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised	i tuna maintai	nea b	y tne	~	3	
_	sponsoring organization have excess business holdings at any time during the year?				8	5 (2) (3)	X
9	Sponsoring organizations maintaining donor advised funds.						Z.
a	Did the sponsoring organization make any taxable distributions under section 4966?	0			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or relate	ea person?			9b	77.07	OF T
10	Section 501(c)(7) organizations. Enter.	1	40-1		1	***	
а	Initiation fees and capital contributions included on Part VIII, line 12	-	10a			3.30	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	L	10b			المُنْ المُنْكِ	
11	Section 501(c)(12) organizations. Enter.	1	44-1			'	4.7
a	Gross income from members or shareholders	h	11a		<b>─</b> (`;;;,,		
b	Gross income from other sources (Do not net amounts due or paid to other sources		445				131
	against amounts due or received from them )	L Our hour of Fo	11b	410	1	•	liki tr
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	in lieu of Fo		417	12a	ر سمور مد	inet
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	L	12b	<del></del>	ــــــــــــــــــــــــــــــــــــــ		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				13a		in the second
а	Is the organization licensed to issue qualified health plans in more than one state?	chodulo O					7
L	Note. See the instructions for additional information the organization must report on Si						
b	Enter the amount of reserves the organization is required to maintain by the states in v	MINUI	126			فروستانسانسا وزرستستان	27
_	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	}	13b 13c				
C 1/12	Did the organization receive any payments for indoor tanning services during the tax y	(ear?	136		14a	22.5	X
14a h	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanat		ıle O		14a		┝▔

Form **990** (2014)

State the name, address, and telephone number of the person who possesses the organization's books and records >

4475 SW SCHOOLS FERRY ROAD 170

OR 97225

503-224-0490

PORTLAND

CHILD FOUNDATION, INC.

Form 990 (2014) CHILD FO				93-114		Page <b>7</b>
Independent	Contractors				-	ted Employees, and
				e to any line in this P		
				est Compensated Emplo		
1a Complete this table for all personganization's tax year	sons required to b	e listed. Report com	pensa	ation for the calendar year	ending with or within the	
List all of the organization's compensation Enter -0- in column	ns (D), (E), and (F	) if no compensation	n was	paid	. •	t of
<ul> <li>List all of the organization's</li> <li>List the organization's five of the organization and any related organization and any related organization's</li> </ul>	urrent highest cosation (Box 5 of February)	mpensated employe orm W-2 and/or Box	ees (o 7 of F	ther than an officer, direct Form 1099-MISC) of more	or, trustee, or key employe than \$100,000 from the	·
\$100,000 of reportable compens  List all of the organization's organization, more than \$10,000 List persons in the following orde compensated employees, and for	former directors of reportable com : individual truste	or trustees that re pensation from the c es or directors; instit	ceived organi:	d, in the capacity as a forn zation and any related org	anizations.	e
X Check this box if neither the c	•		ion co	mpensated any current of	ficer, director, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more that box, unless person is b officer and a director/tru  Officer institutional trustee or director	n one oth an ustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	week (list any hours for	bo: off	k, unle icer a	ess pe nd a d	rson Irecto	is bot or/trus	h an tee)	from the organization	related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-211035-WIGC)	organization and related organizations
(1)MR. NAVID AGHA	SEYEDAL	4								
	10.00	l		l		İ			_	
CHAIRMAN / TREASURER		X	<u> </u>	X	L	ļ		0	0	0
(2) DR. PEYMAN RAOO		1			İ					
DD 0.4 D 0.4 M	25.00	,,			1		1	_	_	_
PRESIDENT	0.00	X	<u> </u>	X	├	┢	┢	0	0	0
(3) DR. ALI EYDGAHI	5.00									
SECRETARY	0.00	x		x				О .	o	0
(4) DR. JAMAL ROSTA		<u> </u>		^		-		0	<u> </u>	<u> </u>
(4)DR. CHIMI ROSIA	5.00				ŀ					
CHIEF COMPLIANCE OFF		$ \mathbf{x} $		x				0	o	0
(5) DR. NADER NAMAZ		+==	$\vdash$	<del>                                     </del>	-	<del>                                     </del>				
(0,511: 1115111 111-11	T 5.00									
BOARD MEMBER	0.00	x						0	O	0
(6) KAMYAR LASHGARI					İ	Т	m			
(•,	5.00									
BOARD MEMBER	0.00	X						0	. 0	0
(7)										
(8)										
(9)		-	i	-						
(10)										
(11)										

-Pa	rt-VII Section A. Officer	s, Directors, T	ruste	es,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continued)	
•	` (A) Name and title	(B) Average hours per week (list any	box	t, unle	Pos heck ess pe	erson	than is bot	h an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	<u>,                                    </u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12)											
(13)											
(14)				-			_				
(15)											
(16)											
(17)	<del></del>						 				
(18)					_						
(19)											
1b c d	Sub-total Total from continuation sh Total (add lines 1b and 1c)	eets to Part VII	, Se	ctio	n A	•		<b>*</b> * *			
2	Total number of individuals (i reportable compensation from				o the	ose I	listed	abo	ove) who received more th	an \$100,000 of	
3 4	Did the organization list any f employee on line 1a? If "Yes For any individual listed on lii organization and related orga	," complete Scho ne 1a, is the sur	edule n of r	J forepo	or su rtabl	ich ii e co	ndıvi mpe	dual nsa	tion and other compensati	on from the	Yes No
5	Individual  Did any person listed on line for services rendered to the control of									or individual	4 X 5 X
Sect 1	ion B. Independent Contrac Complete this table for your f	ive highest com									
		(A) business address	com	pens	atıo	n for	the	cale		vithin the organization's tax ye (B) otion of services	ar (C) Compensation
											,
		<del></del>									
			-			·					
						-					
2 DAA	Total number of independent received more than \$100,000	contractors (inc	ludir on fro	ng bi om ti	ut no he o	t lim rgan	nited nizati	to th	nose listed above) who	0	Form <b>990</b> (2014)

Form 990 (2014)

Secti	on 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp			complete column (A).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			ىلىدىن ئۇرۇرىدە ئىلىدىندۇرىيىن ئىلىرىدىن ئىلى ئىدىندۇرىدىدە ئىلىدىندۇرىدىن ئىلىدىن ئالاردىندۇرىدىدىن ئىلىرىدىن ئىلىرىدىن ئىلىرىدىن ئىلىرىدىن ئىلىرىدىن ئىلىرىدىن ئىلىرىدى	
	and domestic governments. See Part IV, line 21			سار سد دور و معالی می در در این در در در در در در در در در در در در در	
2	Grants and other assistance to domestic			د سوی دستان داردینوردیک میدا د داده دیما درسید دود س	)
	individuals. See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign			recommendation of the contract	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	1,729,336	1,729,336	Marine Carles and a parameter of the first	
4	Benefits paid to or for members			war of my signer of my min and	المنابع المساوري والمساب ماسده.
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	266,912	222,104	21,032	23,776
8	Pension plan accruals and contributions (include	•	•	•	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	44,406	35,368	4,251	4,787
10	Payroll taxes	27,552	22,050	2,600	4,787 2,902
11	Fees for services (non-employees)				
а	Management				
b	Legal	25,948	6,129	19,819	
c	Accounting	17,365		17,365	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 1	7 38.109	-		38,109
f	Investment management fees	50,200			
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	120,703	58,464	59,941	2,298
12	Advertising and promotion	1,205	30/101	225	
13	Office expenses	18,373	8,686	2,507	7,180
14	Information technology	1,450	1,201	117	132
	Royalties	1,400	1,201		132
15	•	29,718	23,334	1,193	5,191
16	Occupancy Travel	8,170	4,070	3,958	142
17	Payments of travel or entertainment expense		4,070	3,930	745
18	for any federal, state, or local public officials	•			
19	Conferences, conventions, and meetings				
20	Interest	530		530	ļ <u>.</u> .
21	Payments to affiliates		***		
22	Depreciation, depletion, and amortization	3,521	2,908	284	
23	Insurance	5,999	2,393	3,310	296
24	Other expenses Itemize expenses not covered			day of the same of the same	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			ئىدىدىدانىك سائىلىدىدىكىسىرىد	
	(A) amount, list line 24e expenses on Schedule O.)			The same attending and an article and a second	marijaman - damanan arani, marikatan
а	BANK AND MERCHANT FEES	49,489	41,523		7,966
b	PRINTING	27,293	12,948	3,135	
С	INTERNET AND TELEPHONE	9,779	8,074	652	
d	OUTREACH EVENTS	6,880	1,304		5,576
е	All other expenses	19,536	6,313	1,463	
25	Total functional expenses. Add lines 1 through 24e	2,452,274	2,186,205	142,382	123,688
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				
DAA					Form <b>990</b> (2014)

#K	भार					<del></del>							
_	-	Check if Schedule O contains a response or note	to any line in this Part X			(5)							
				(A) Beginning of year		(B) End of year							
		0		307,882	_	280,707							
	1	Cash—non-interest bearing		301,882	2	280,707							
	2	Savings and temporary cash investments				-							
	3	Pledges and grants receivable, net		<del> </del>	<u>3</u>	701							
	4	Accounts receivable, net	<b>5</b>	A M S June 2012 / William St. Co. Do June 2012	4	701							
	5	Loans and other receivables from current and former o	·	لافقاء المتأث المستداد أستند سوافها والماد		ر الله الله الله الله الله الله الله الل							
		trustees, key employees, and highest compensated em	ipioyees.	NAME OF THE PARTY	12								
	_	Complete Part II of Schedule L		*	5								
	6	Loans and other receivables from other disqualified per	•	miles and a simple of the comment of	بۇر ارسىد. سىلىد								
		4958(f)(1)), persons described in section 4958(c)(3)(B)		Charles and the same and the sa	+**								
		sponsoring organizations of section 501(c)(9) voluntary		11.35 C P	77.7								
Assets	_	organizations (see instructions) Complete Part II of Sc	hedule L		6	<del></del>							
ISS	7	Notes and loans receivable, net			7								
`	8	Inventories for sale or use		00.006	8	00 000							
	9	Prepaid expenses and deferred charges	1 1	22,806	9	22,800							
	10a	Land, buildings, and equipment cost or	10 100		Har.								
		other basis Complete Part VI of Schedule D	10a 19,193		1.00								
		Less: accumulated depreciation	10b 11,742	10,962	10c	7,451							
	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		2,400	15	2,400							
	16	Total assets. Add lines 1 through 15 (must equal line	34)	344,050	16	314,059							
	17	Accounts payable and accrued expenses		19,012	17	24,556							
	18	Grants payable			18								
	19	Deferred revenue			19								
	20	Tax-exempt bond liabilities			20								
	21	Escrow or custodial account liability. Complete Part IV		(16 > 249) F & 2 (4) H 2	21	1. \$.1 L							
es	22	Loans and other payables to current and former officer	s, directors,		-1,-								
Liabilities		trustees, key employees, highest compensated employ	rees, and		1								
iab		disqualified persons. Complete Part II of Schedule L			22								
7	23	Secured mortgages and notes payable to unrelated thi	•		23								
	24	Unsecured notes and loans payable to unrelated third			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			15.656							
		of Schedule D		23,066		17,656							
	26	Total liabilities. Add lines 17 through 25		42,078		42,212							
S		Organizations that follow SFAS 117 (ASC 958), che				المناسقة والمناسقة	nce		complete lines 27 through 29, and lines 33 and 34.			1,000	
alaı	27	Unrestricted net assets		216,538		145,196							
8	28	Temporarily restricted net assets		85,434		126,651							
Ĕ	29	Permanently restricted net assets	***		29	The state of the s							
F		Organizations that do not follow SFAS 117 (ASC 9	58), check here ▶ and										
Net Assets or Fund Balances		complete lines 30 through 34.		The state of the s									
set	30	Capital stock or trust principal, or current funds			30								
As	31	Paid-in or capital surplus, or land, building, or equipme			31								
let.	32	Retained earnings, endowment, accumulated income,	or other funds		32								
_	33	Total net assets or fund balances		301,972 344,050		271,847							
		Total liabilities and net assets/fund balances			34	314,059							

Form	1990 (2014) CHILD FOUNDATION, INC. 93-1148608			_Page <b>12</b>
¥"Pä	Tt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1`	Total revenue (must equal Part VIII, column (A), line 12)	_ 1	2,42	2,149
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,274
3	Revenue less expenses Subtract line 2 from line 1	3	-3	0,125
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30	1,972
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	27	1,847
∵-P,a	irt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		نَيْ بِمَرْسِهِ مِنْ ا	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		100 ML 4 A A	
	Schedule O.		134 3	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			三. 建立,
	reviewed on a separate basis, consolidated basis, or both		X.1.	江 藝術、
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	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		19- <sup>2</sup>	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			i
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		in factor in	
	Schedule O.		* * -/,	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	
			Form	990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014
Open to Public

Name of the organization Employer identification number CHILD FOUNDATION, INC. 93-1148608 Part 1 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). 4 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). 6 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.) 9 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 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (ill) Type of organization (iv) Is the organization (v) Amount of monetary (vl) Amount of listed in your governing support (see other support (see (described on lines 1-9 organization instructions) document? above or IRC section instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

instructions

D	_	_	_	2
_	н	п	$\boldsymbol{\rho}$	

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	quality under	tne tests liste	d below, pleas	e complete Pa	art II.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012_	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop he	re	· · · · · · · · · · · · · · · · · · ·			·	▶□
Sec	tion C. Computation of Public S	Support Perce	entage				
15	Public support percentage for 2014 (line			ımn (f))		15	%
16	Public support percentage from 2013 Sch					16	%_
	ction D. Computation of Investm					<del></del>	
17	Investment income percentage for 2014 (	-		13, column (f))		17	<u>%</u>
18 40-	Investment income percentage from 2013			ino 14 and line 44	5 is more than 22	1/3% and tine	<u> </u>
19a	33 1/3% support tests—2014. If the org 17 is not more than 33 1/3%, check this to						▶ □
ь	33 1/3% support tests—2013. If the org		-				,
-	line 18 is not more than 33 1/3%, check t						▶ □
20	Private foundation. If the organization of		-			-	<u> </u>

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		· · · · · · · · · · · · · · · · · · ·
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Schedule A (Form 990 or 990-EZ) 201	4 CHILD	FOUNDATION,	INC.

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain inPart VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain inPart VI how the organization maintained a close and continuous working relationship with the supported organization(s).
  - By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard

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Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- а The organization satisfied the Activities Test. Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below b
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain inPart VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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Schedule A (Form 990 or 990-EZ) 2014 CHILD FOUNDATION, INC.		93-1148	608 F	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.			Ail	
other Type III non-functionally integrated supporting organizations must complete Secti	ions A	through E		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	ar
1 Net short-term capital gain	1			
2 Recovenes of pnor-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	ar
Aggregate fair market value of all non-exempt-use assets (see		· • •		- 2 1
instructions for short tax year or assets held for part of year)				#2 ***
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other		A ALIMPERE	ر مراسط موسد معالف اسم دهر ما استاد مراسط موسد معالف اسم دهر	
factors (explain in detail in Part VI)		المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ال المراجعة المراجعة ال	مع و بهاست منظم سود و منهاد - آخ کا در داد داد در مرهد	
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	,
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	pr spraw or some		
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4	الساوأ أمديد للتاليب باك السمام		
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		- Shiring Market - And about the first the first of the f		
emergency temporary reduction (see instructions)	6	maligne materiales described in a material est as a material est a material est a material est a material est a		
7 Check here if the current year is the organization's first as a non-functionally-integrated	Type	III supporting organization	n (see	
instructions).		·· • • •	•	

Schedule A (Form 990 or 990-EZ) 2014

	hedule A (Form 990 or 990-EZ) 2014 CHILD FOUNDATION, INC. 93-1148608 Page 7 Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpo	oses						
	Amounts paid to perform activity that directly furthers exempt purpose							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supp	oorted organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions.							
	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organizations	zation is responsive						
	(provide details in Part VI) See instructions.							
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
		(t)	(ii)	(iii)				
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
			Pre-2014	Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6	يو د کا باید په په په په دې که د کام کې	minimum on and highway					
2	Underdistributions, if any, for years prior to 2014	من على من منطقة المستقدم المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدم المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدم المس						
	(reasonable cause required-see instructions)	April and manufacture a series						
3	Excess distributions carryover, if any, to 2014.		The second secon	- profession a mysteric a myteric a				
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e	From 2013	YEST PLE REFERENCE						
	Total of lines 3a through e							
	Applied to underdistributions of prior years							
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	Carryover from 2009 not applied (see instructions)	چې پېلومان د او د او د او د او د او د او د او د						
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4	Distributions for 2014 from Section	" ما با با با با با با با با با با با با با		#±-;				
7	D, line 7 \$	المراجعة المراجعة المناجعة الم	, .p. ~ 1					
	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount	Spherite I no Abratanting na in in in in in	م سے ۔ بکل یہ سیم	· · · · · · · · · · · · · · · · · ·				
	Remainder. Subtract lines 4a and 4b from 4	<u> </u>	in a superior for	، بالشائع والدراء ، مسمد وورساله				
5	Remaining underdistributions for years prior to 2014, if	ا الله السركم سور الأماد الأولو	, , , , , , , , , , , , , , , , , , , ,	مَوْدُ مُعْمِلُونَ إِنَّ مُعْمِلُونَ مِنْ مُعْمِلُونَ مِنْ مُعْمِلُونَ مِنْ مُعْمِلُونَ مِنْ مُعْمِلُونَ مِنْ				
3	any Subtract lines 3g and 4a from line 2 (if amount			- ,				
	greater than zero, see instructions)							
6	Remaining underdistributions for 2014. Subtract lines 3h	The Block of Land	C	11 16 1 1 3 1 1 1				
0	and 4b from line 1 (if amount greater than zero, see							
	•							
_	instructions).	3 7 2 1 X 8 8 3 2 4 1 1 1		-,: r, <del>-</del>				
7	Excess distributions carryover to 2015. Add lines 3j							
	and 4c.	1 1 2 1 2 1 2 1 E C 1 E TO 1 .	1. \$ T1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
8	Breakdown of line 7	a sign in the court of the property of the color of the c	The state of the same of the s					
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e	Excess from 2014	[ fing figure	Fig. 2 har in - de Eug Ludi o no m	] <del> </del>				

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 CHILD FOUNDATION, INC. 93-1148608 Page 8

Part III, line 12. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

2014
Open to Public Inspection

Employer Identification number

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

93-1148608 FOUNDATION, CHILD INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part | 1 Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 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 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes 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. \_Pärt III -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 2 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 Revenue included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Schedule D (Form 990) 2014 CHILD FOUN		INC.			<u> 14860</u>			age <b>2</b>
Partill Organizations Maintaining							sets (contin	ued)
<ul> <li>Using the organization's acquisition, accession collection items (check all that apply).</li> </ul>	n, and other reco	rds, check any of the	following tha	t are a sig	ınıficant u	se of its		
a Public exhibition	d 🗌	Loan or exchange p	rograms					
<b>b</b> Scholarly research	е 🗍	Other	•					
c Preservation for future generations								
4 Provide a description of the organization's coll	ections and expla	ain how they further	the organizati	on's exem	pt purpos	se in Part		
XIII.	·	,	J					
5 During the year, did the organization solicit or	receive donations	s of art, historical tre	asures, or oth	er sımılar				
assets to be sold to raise funds rather than to							Yes	No
Part V Escrow and Custodial Arra	ngements.							
Complete if the organization 990, Part X, line 21.	answered "Ye	es" to Form 990	, Part IV, lir	ne 9, or i	reported	d an amo	unt on Forn	n
1a Is the organization an agent, trustee, custodial	n or other interme	ediary for contribution	ns or other as	sets not		-		
included on Form 990, Part X?		,					Yes	No
b If "Yes," explain the arrangement in Part XIII a	nd complete the	following table.						
		J			Γ		Amount	
c Beginning balance						1c		
d Additions during the year						1d		
e Distributions during the year						1e		
f Ending balance						1f		
2a Did the organization include an amount on For	rm 990, Part X, lii	ne 21, for escrow or	custodial acc	ount liabilit	ty?		Yes	No
<b>b</b> If "Yes," explain the arrangement in Part XIII.					•			
Part V Endowment Funds.		_	· · · ·					
Complete if the organization	answered "Ye	es" to Form 990	Part IV, lir	ne 10.	_			
	(a) Current year	(b) Pnor year	(c) Two ye	ars back	(d) Three	e years back	(e) Four years	back
1a Beginning of year balance	-							
<b>b</b> Contributions								
c Net investment earnings, gains, and								
losses								
d Grants or scholarships								
e Other expenditures for facilities and								
programs								
f Administrative expenses								
g End of year balance	· · · · · · · · · · · · · · · · · · ·							
2 Provide the estimated percentage of the curre	nt year end balar	nce (line 1g, column	(a)) held as					
a Board designated or quasi-endowment ▶	%							
b Permanent endowment ▶ %								
c Temporarily restricted endowment ▶	%							
The percentages in lines 2a, 2b, and 2c should	d equal 100%.							
3a Are there endowment funds not in the possess	sion of the organi	zation that are held	and administe	ered for the	е			
organization by.	_						Yes	No
(i) unrelated organizations							3a(i)	<u></u>
(ii) related organizations							3a(ii)	
b If "Yes" to 3a(ii), are the related organizations	listed as required	on Schedule R?					3ь	<u> </u>
4 Describe in Part XIII the intended uses of the	organization's en	dowment funds.						
Part VI Land, Buildings, and Equip	oment.							
Complete if the organization	answered "Ye	es" to Form 990	Part IV, lir	<u>ne 11a. S</u>	See For	m 990, F	Part X, line_1	10.
Description of property	(a) Cost or other	basis (b) Cost o	r other basis	(c) A	Accumulated	' <b>i</b>	(d) Book value	
	(investment)	) (c	ther)	de	preciation			
1a Land				7 T A				
b Buildings								
c Leasehold improvements			1,200			800		400
d Equipment			17,993	ļ	10,	942	7,	051
e Other				<u> </u>				
Total. Add lines 1a through 1e (Column (d) must ed	qual Form 990, P	art X, column (B), lir	ne 10c)			<u> </u>	7,	<u>451</u>

2. Liability for uncertain tax positions. 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

17,656

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 )▶

che	dule D (Form 990) 2014 CHILD FOUNDATION, INC.	93-114860	8	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue pe	r Returr	<del></del> ).
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,471,392
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		ما الما الما الما الما الما الما الما ا	
а	Net unrealized gains (losses) on investments	2a	*******	
b	Donated services and use of facilities	2b 49,243		
С	Recoveries of prior year grants	2c	***	
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	49,243
3	Subtract line 2e from line 1		3	2,422,149
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	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	·	5	2,422,149
Pa	nt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses	per Retu	ırn.
	Complete if the organization answered "Yes" to Form 990	, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	2,501,517
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a 49,243		
b	Prior year adjustments	2b	]: -	
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	49,243
3	Subtract line 2e from line 1		3	2,452,274
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	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I line 18.)		5	2 452 274

Part XIII Supplemental Information.

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

Schedule D (Form 990) 2014 CHILD FOUNDATION, INC.

Part XIII Supplemental Information (continued)

93-1148608

Page 5

Schedule D (Form 990) 2014

### SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

CHILD FOUNDATION, INC.

Employer Identification number 93-1148608

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 Yes X No grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 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, and region (by type) (e g , a program service, describe specific type of expenditures for region fundraising, program services, investments, and investments independent service(s) in region contractors grants to recipients ın region located in the region) EAST ASIA AND PACIFIC PROGRAM SERVICES **HUMANITARIAN AID** 22,000 SOUTH ASIA \_(2) PROGRAM SERVICES **HUMANITARIAN AID** 86,988 MIDDLE EAST PROGRAM SERVICES HUMANITARIAN AID 1,626,687 (3) (4) (5) (6) (7) (8) (9) (10) (11)(12)(13)(14)<u>(15)</u> (16)(17)1,735,675 3a Sub-total b Total from continuation sheets to Part I c Totals (add 1,735,675 lines 3a and 3b)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal other)
	AND THE PROPERTY OF THE PARTY O							==
						-		

Schedule F (Form 990) 2014 CHILD FOUNDATION, INC. 93-1148608 Page 3

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicat	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book FMV, appraisal other)
(1) HUMANITARIAN RELIEF				WIRE TRANSFER	51,980	FOOD	PURCHASE
(2) HUMANITARIAN RELIEF				WIRE TRANSFER	·		
(3) HUMANITARIAN RELIEF	EAST A	IA AND PACIE	IC AUSTRALIA 22,000	, BRUNEI WIRE TRANSFER			
(4)							
(5)							
(6)		<u>-</u> ,					
(7)		···					ļ <u>.</u>
(8)							
(9)							
(10)							
[11]							
(12)							.,,
(13)							
(14)							
(15)							
(16)							ļ
17)							
18)							

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 CHILD FOUNDATION, INC.

93-1148608

Page 5

## Part V Supplemental Information

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	Ез	penditures	Invest	ments
EAST ASIA AND PACIFIC	\$	22,000	\$	0
SOUTH ASIA	\$	86,988	\$	0
MIDDLE EAST	\$	1,626,687	\$	0

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

Department of the Treasury

## 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.

Employer identification number

Internal Revenue Service Name of the organization ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Open to Public

OMB No 1545-0047

CHILD FOUNDATION,	INC.				93-11486	08		
Fundraising Activities. Complete Form 990-EZ filers are not required	if the organiza to complete the	tion a	ansv art.	vered "Yes" to Fo	rm 990, Part IV, I	ne 17.		
<ul> <li>Indicate whether the organization raised funds through</li> <li>X Mail solicitations</li> <li>Internet and email solicitations</li> </ul>								
<ul> <li>Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity</li> <li>If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization.</li> </ul>	in connection wit	h prof	essio	nal fundraising service	es?	X Yes No		
(i) Name and address of individual or entity (fundraiser)	(iii) Did fund-			(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
GLOBAL RELATIONS CONCEPTS LLC		Yes	No					
1			х	200,000	38,109	161,891		
2		•						
3								
4								
5		-						
6								
7								
8								
9								
10								
「otal			◀	200,000	38,109	161,891		

Schedule G (Form 990 or 990-EZ) 2014 CHILD FOUNDATION, INC. 93-1148608 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events CONCERT (add col (a) through None col (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 32,865 32,865 1,000 1,000 2 Less Contributions 3 Gross income (line 1 minus 31,865 31,865 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 5,955 5,955 6 Rent/facility costs 7 Food and beverages 25,668 25,668 8 Entertainment 4,683 4,683 9 Other direct expenses 36,306 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes No a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain.

Sche	edule G (Form 990 or 990-EZ) 2014	CHILD	FOUNDATION,	INC.	93-114860	08	Page 3
11	Does the organization conduct gamin						es No
12	Is the organization a grantor, benefici	-	f a trust or a member o	f a partnership or other entity		<del></del>	
	formed to administer charitable gamir	_				Y	es 📙 No
13	Indicate the percentage of gaming ac	tivity conducted	in.		مد ا	i	•
a	The organization's facility				13a		<del>%</del>
b	An outside facility				<u>13b</u>	Ц	
14	Enter the name and address of the percentage of	erson wno prep	ares the organization's	gaming/special events books a	ano		
	Name ▶						
	Address ►						
15a	Does the organization have a contract revenue?	ct with a third pa	arty from whom the orga	anization receives gaming		_ Y	es 🗌 No
b	If "Yes," enter the amount of gaming	revenue receive	ed by the organization	<b>\$</b>	and the	_	
	amount of gaming revenue retained to	by the third part	y <b>▶</b> \$				
С	If "Yes," enter name and address of t	he third party					
	Name ▶						
	Address ▶						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	Director/officer En	nployee	Independent co	ntractor			
17	Mandatory distributions						
a	Is the organization required under sta	ate law to make	charitable distributions	from the gaming proceeds to			
	retain the state gaming license?					Y	'es 🗌 No
b	Enter the amount of distributions requ	uired under stat	te law to be distributed	to other exempt organizations	or		
	spent in the organization's own exem						<del></del>
Pa	rt IV Supplemental Inform	nation. Provi	de the explanation	s required by Part I, line	2b, columns (III) a	na (v),	and /aaa
		b, 15b, 15c,	16, and 17b, as ap	oplicable. Also provide a	ny additional inform	nation	(see
	instructions).				<del></del>		

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Information about Schedule M (Form 990) and its instructions is at www.lrs gov/form990. Open To Public Inspection

Name of the organization CHILD FOUNDATION, INC. - Part Types of Property

Employer identification number 93-1148608

		(a)	(b)	(c)	(d)	
		Check if	Number of contributions or	Noncash contribution	Method of deter	mining
		applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contributio	•
1	Art — Works of art			Tom 350, Fast Vill, line 1g		<del></del>
2	Art — Historical treasures				*	
3	Art — Fractional interests					
4	Books and publications					<del></del>
5	Clothing and household					
J	goods					
6	Cars and other vehicles				"	
7	Boats and planes					
8	Intellectual property					
9	Securities — Publicly traded					······································
10	Securities — Closely held stock		- ·	<del></del> ·		
11	Securities — Partnership, LLC,					
	or trust interests					
12	Securities — Miscellaneous					· · · · · · · · · · · · · · · · · · ·
13	Qualified conservation				-	
-	contribution — Historic					
	structures					
14	Qualified conservation					
• •	contribution — Other					
15	Real estate — Residential					
16	Real estate — Commercial					
17	Real estate — Other					
18	Collectibles	-		<del></del>		
19	Food inventory					· · · · · · · · · · · · · · · · · · ·
20	Drugs and medical supplies					
21	Taxidermy			<del></del>		
22	Historical artifacts					·····
23	Scientific specimens	-				
24	Archeological artifacts					<del> </del>
25	Other ▶ ( LAPTOP BATTERY)	Х	1	128		
26	Other > (SUPPORTING SVC\$		2	48,492		
27	Other ▶(					
28	Other ▶(					
29	Number of Forms 8283 received by	the organ	nization during the tax ve	ear for contributions for		
	which the organization completed F				29	
			, ,			Yes No
30a	During the year, did the organization	n receive	by contribution any prop	erty reported in Part I. line	es 1 through	
	28, that it must hold for at least thre	•	17 大小 一个			
	to be used for exempt purposes for	, not roquilou	30a X			
b	If "Yes," describe the arrangement i		noiding police.			
31	Does the organization have a gift ac		policy that requires the	review of any non-standa	rd	
•	contributions?	oop ta noo	policy that requires the	review of any non-standa		31 X
32a	Does the organization hire or use th	urd parties	s or related organization	s to solicit, process, or sel	l noncash	
	contributions?					32a X
b	If "Yes," describe in Part II					, , ,
33	If the organization did not report an	amount in	column (c) for a type of	f property for which colum	n (a) is checked,	
	describe in Part II.					
For Pa	sperwork Reduction Act Notice, see the Instru	ctions for F	orm 990.		s	chedule M (Form 990) (2014)

Schedule M (Form 990) (2014)

990) (2014) CHILD FOUNDATION, INC. 93-1148608 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II. the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 / Inspection

2014

OMB No 1545-0047

Internal Revenue Service

Name of the organization

O (1 01111 000 01 000-E2) at

Employer identification number

CHILD FOUNDATION, INC.

93-1148608

Form 990 - Organization's Mission

TO ENSURE THAT CHILDREN IN IRAN, AFGHANISTAN AND INDONESIA WHO ARE SUCCESSFUL IN SCHOOL ARE NOT FORCED TO LEAVE SCHOOL DUE TO POVERTY, BUT ARE ABLE TO COMPLETE THEIR EDUCATION IN SPITE OF THEIR IMPOVERISHED CIRCUMSTANCES.

Form 990, Part III, Line 4d - All Other Accomplishment

USA: US STAFF MATCHES SPONSORS AND DONORS FROM THE US AND MANY OTHER
COUNTRIES WITH CHILDREN NEEDING ASSISTANCE AND SUPPORTS THESE RELATIONSHIPS
BY FACILITATING COMMUNICATION BETWEEN SPONSORS AND CHILDREN. THEY ALSO
ENSURE THAT PLEDGES MADE ARE COLLECTED AND FORWARDED OVERSEAS, AND THAT
SPONSORS ARE INFORMED TWICE A YEAR OF THEIR SPONSOREES' PROGRESS IN SCHOOL.

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 A DRAFT OF THE 990 IS PROVIDED AS A PDF TO ALL BOARD MEMBERS FOR REVIEW BEFORE IT IS FILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
COMPLIANCE OFFICER MONITORS 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.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Employer Identification number

CHILD FOUNDATION, INC.

93-1148608

Form 990, Part VI, Line 15b - Compensation Process for Officers COMPENSATION REVIEWED BY THE BOARD

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed MINNESOTA, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WEST VIRGINIA, WISCONSIN, TEXAS, WASHINGTON, MARYLAND.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation AVAILABLE ON THE WEBSITE AND UPON REQUEST

Form 990, Part XII, Line 2c - Change in Financial Review Process BOARD AND CONTRACTED CONTROLLER APPROVE AUDIT.