990 Form

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)

2009

OMB No 1545-0047

Open to Public

-		the Treasury ue Service	▶	The organization may ha	ve to use a copy of this r	eturn to satisfy state repo	orting requir	ements	Inspection		
	_			tax year beginning		, 2009, and e			, 20		
		applicable	Please	C Name of organization CHI	LDREN OF THE NATI			р	Employer identification no.		
┌ `	ddress		use IRS	Doing Business As					1-1702551		
\equiv	lame ch	-	label or print or		ox if mail is not delivered to stre	et address)	Room/sur	te F	Telephone number		
\equiv	nitial retu	type.									
\equiv	erminate		(360) 698-7227								
			Instruc- tions	City or town, state or country, Silverdale, WA 9				6	Gross receipts 5 , 394, 983		
	mended			and address of principal officer		K	1		\$ 3,332,303		
LJ *	фрисацо	on pending		and address of principal officer OX 3970, Silverda		Δ.	H(a) ist	his a group returr liates?	for Yes X No		
			<u> </u>	2 4							
	vebsite:		COTNI		4947(a)(1) or 527	·	──j If "I	e all affiliates incli No," attach a list	(see instructions)		
			Corporation		O#		005	oup exemption nu			
				Trust Association	Other •	L Year of formation	M	State of legal of	omicie 445		
Pa	1	Summar Briefly descr	•	ganization's mission or mo	et capificant activities	PARTNERING WI	יים אאידר	NIATE TO I	DDONTDE		
	'			T-CENTERED CARE F	=						
A			•	STING CHANGE IN T		ESTITUTE CHIMDRE	N, ENADI	ING INEM	TO CREATE		
c G t o		FOSITIVE	AND DA	SIING CHANGE IN I	HEIR MATIONS.						
i y V e	2	Chock this h	av N	the organization discontil	aud its aparations or dis	nosad of mara than 25%	of its not or	ncoto			
į r	3			the organization discontinuous of the governing boo		posed of more than 25%		3	9		
t n i a	4		-	• •	• • • • • •			<u> </u>			
e n s c	1 _		-	nt voting members of the g		•		5	42		
e	5		•	yees (Part V, line 2a)			• • • • •	6	150		
G.	6			eers (estimate if necessar	••		• • • • •	7a	150		
	t t			ousiness revenue from Pa			• • • • •	7a			
	-	Net unrelate	u busines	s taxable income from For	m 990-1, line 34 • • • •						
R	8	Contribution	c and ara	nts (Part VIII, line 1h)	· • • • • • • • • • • • • • • • • • • •		Prior 5	,013,079	Current Year 5,391,303		
e v	9		_	nue (Part VIII, line 2g)				,013,079	3,391,303		
e	10	-		art VIII, column (A), lines 3		 -		7,143	3,680		
n U	11		-	III, column (A), lines 5, 6d,	•			7,143	3,000		
e	12			es 8 through 11 (must equ		F	5	,020,222	5,394,983		
	13			ounts paid (Part IX, colum				,020,222	3,332,303		
	14			members (Part IX, column		<u> </u>					
E	15	•		nsation, employee benefit	• •	<u>L</u>	1	,128,737	1,120,435		
p	1	•	•	ng fees (Part IX, colum <u>n (/</u>				, ===,			
e				nses (Part IX, column (D),		290,966					
s	17			IX, column (A), lines 11a-		\	3	,630,120	4,225,295		
s	18	Total expens	ses Add	ines 13-17 (must equal P	art IX. column (A) line 25	7 ol		,758,857	5,345,730		
	19	Revenue les	s expense	es Subtract line 18 from	ine JAN . R . 2011.	(18)		261,365	49,253		
	+:-		o capono	Se Gastiact into 16 Home		v)	Beginning of (End of Year		
Asset	s 20	Total assets	(Part X. Iı	ne 16)	OCDEN	기:티		,741,442	1,600,381		
or Fund	21	Total liabilitie	•	·	ABREIA OI			528,972	441,950		
Bal- ances	100		•	ances Subtract line 21 fr	om line 20 · · · · ·		3	,212,470	1,158,431		
	rt II	Signatu	re Bloc	k				<u> </u>			
<u> </u>		Under penalt	es of perjury	, I declare that I have examined t					•		
		and belief	s true; corre	t, and complete Declaration of p	reperer (other than officer) is ba	sed on all information of which	preparer has a	ny knowledge	1 1		
Sig	n					-			113/2011		
Her		Signatu	re of officer	7				Date	* *		
	•	CHRI	STOPHER	CLARK, PRESIDENT	!						
		Type or	print name a	nd title							
		Preparer's		O.1	T. T	Date Chec	k ıf	Preparer's ident			
		signature	7			self- emple	oved ►	(see instructions			
Paid			,	$C'\subset \mathcal{I}$	ļ(01-13-2011	.,	1700°	448844		
•	arer's Only	F	/or un	Liberty Tax Se	rvice	•	EIN	7, 7	777/51/		
Joe	Jilly	Firm's name if self-employ	red),	9857 Silverdal	e Way Ste 91	 \	7	26-3	732654		
		address, and	IZIP + 4	Silverdale, WA	98383		Phone no	▶360-337	-1040		
May	the IR	S discuss this	return wit	h the preparer shown abo	ve? (see instructions)				· · Yes X No		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

EEA

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	PARTNERING WITH NATIONALS TO PROVIDE HOLISTIC, CHRIST-CENTERED CARE FOR ORPHANED AND
	DESTITUTE CHILDREN, ENABLING THEM TO CREATE POSITIVE AND LASTING CHANGE IN THEIR NATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O
3	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? • • • • • • • • • • • • • • • • • • •
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
	(Code) (Expenses \$ 1,132,610 including grants of \$) (Revenue \$ 901,217)
70	DOMINICAN REPUBLIC: TODAY COTN IS ACTIVE IN THE POOREST VILLAGES OF THE BARAHONA DISTRICT OF
	THE DOMINICAN REPUBLIC. THROUGH OUR VILLAGE PARTNERSHIP PROGRAMS, OUR STAFF ALONG WITH
	THOUSANDS OF SHORT-TERM VOLUNTEERS HAVE STEPPED IN, BUILDING SCHOOLS AND FEEDING CENTERS THAT
	PROVIDE CHILDREN WITH THE NEEDED EDUCATION AND NUTRITION THAT MANY FAMILIES ARE DESPERATELY
	STRUGGLING TO PROVIDE. MEDICAL ATTENTION, EDUCATIONAL TUTORING, YOUTH SPORTS EVENTS,
	LEADERSHIP DEVELOPEMENT, AND BIBLICAL TRAINING FOR CHILDREN ARE ALL AMONG THE SEVICES THAT
	COTN HAS INCORPORATED INTO THEIR COMMITTED EFFORTS TO MEET THE NEEDS OF THE IMPOVERSIHED
	CHILDREN.
4b	(Code) (Expenses \$760,818 including grants of \$) (Revenue \$508,766)
	SIERRA LEONE: CHILDREN OF THE NATIONS HAS A UNIQUE APPROACH TO THE PROBLEMS FACING THE
	POPULATION OF SIERRA LEONE. IT IS A VISION THAT ACTS NOW TO AFFECT THE FUTURE. CHILDREN OF
	THE NATIONS RECOGNIZES THE FUTURE OF ANY COUNTRY IS IN THE HANDS, MINDS AND SOULS OF ITS
	CHILDREN. THROUGH VILLAGE PARTNERSHIP PROGRAMS AND CHILDREN'S HOMES, CHILDREN OF THE NATIONS
	HAS ESTABLISHED A DAILY PRESENCE IN THE COMMUNITIES WE MINISTER TO, PROVIDING RESOURCES
	(INCLUDING SCHOOLS, MEDICAL CLINICS, FEEDING CENTERS, HEALTH INITIATIVES, ETC.) THAT EMPOWER
	SIERRA LEONEAN NATIONALS TO RAISE THEIR OWN CHILDREN. IN PARTNERSHIP WITH THE PEOPLE OF
	SIERRA LEONE, CHILDREN OF THE NATIONS' VISION IS TO DEVELOP A GENERATION OF FUTURE LEADERS
	AND SECURE FOR SIERRA LEONE A FUTURE AND A HOPE.
	
4c	(Code) (Expenses \$ 1,093,679 including grants of \$) (Revenue \$ 983,355)
70	MALAWI: TAKING INTO THEIR CARE THE WORST-OF-THE WORST CASES, COTN RAISES CHILDREN OUT OF THE
	DUST OF POWERLESSNESS AND GIVES THEM THE OPPORTUNITY TO LIVE, LEARN, LAUGH, AND WE HOPE,
	SOMEDAY, TO LEAD. IN MALAWI WE ARE BEGINNING TO SEE OUR VISION COME TO FRUITION. THROUGH
	VILLAGE PARTNERSHIP PROGRAMS AND CHILDREN'S HOMES, COTN HAS ESTABLISHED A DAILY PRESENCE IN
	THE COMMUNITIES WE MINISTER TO, PROVIDING RESOURCES (INCLUDING SCHOOLS, MEDICAL CLINICS,
	FEEDING CENTERS, HEALTH INITIATIVES, ETC.) THAT EMPOWER MALAWIAN NATIONALS TO RAISE THEIR OWN
	CHILDREN. COTN IS COMMITTED TO SEEING ALL OF OUR CHILDREN IN MALAWI SUCCEED. OUR GOAL IS TO
	EMPOWER CHILDREN TO BECOME ALL THEIR POTENTIAL WILL ALLOW.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 1,693,640 including grants of \$) (Revenue \$ 2,998,165)
4e	Total program service expenses 4,680,747

Pa	rt 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 · · · · · · · · · · · · · · · · · ·	1	_ X _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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 term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			, `
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	1	*	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	`	ν,	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	į		
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No		- -	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •	1		ļ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			† <u>-</u> -
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			T
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	\vdash	X

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Part IV Checklist of Required Schedules (continued) Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes." complete Schedule I, Parts I and III Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 24a 24b through 24d and complete Schedule K. If "No," go to line 25 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 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a X 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 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Parti 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 19? Note. All Form 990 filers are required to complete Schedule O 38

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable		ļ	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and 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 return • • • • • 2a 42	-		-
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 this return (see			
	instructions)	3	İ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by]	:
	this return? • • • • • • • • • • • • • • • • • • •	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O • • • • • • • • • • • • • • • • • •	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? · · · · · · · · · · · · · · · · · · ·	4a		Х
b	If "Yes," enter the name of the foreign country	,	*	
	See the instructions for exceptions and 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		<u>X</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	i	,,
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	^		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		-	.,
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		_X_
h	required? • • • • • • • • • • • • • • • • • • •	7h		v
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		X
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	 9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	 "	<u> </u>	_
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • 10b			
11	Section 501(c)(12) organizations. Enter			
''	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			[
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) · · · · · · · · · · · · · · · · · ·			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ••••••• 12b			
		L		

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Part VI G

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

<u>sec</u>	tion A. Governing Body and Management			
4-	Enter the number of voting members of the governing body		Yes	No
1a				ı
b		_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,	;	
•	any other officer, director, trustee, or key employee?	- 2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	• 3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • •	- 4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets? • • • • • • • • • • • • • • • • • • •	• 5		X
6 -	Does the organization have members or stockholders?	• 6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		
	of the governing body? • • • • • • • • • • • • • • • • • • •	• 7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • • • • • • • • • • • • • • • • • • •	• 7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		£*	
	the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •	- 8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	- 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O • • • • • • • • • • • • • • • • • •	- 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	nue Code)			
			Yes	No
0a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	- 10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	- 10b		
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	. 11	Х	
1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Does the organization have a written conflict of interest policy? If "No," go to line 13	· 12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	- 12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	
	describe in Schedule O how this is done	· 12c	x i	
3	Does the organization have a written whistleblower policy?	. 13	1	X
14	Does the organization have a written document retention and destruction policy?	. 14		X
15	Did the process for determining compensation of the following persons include a review and approval by		_	
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	• 15a	X	
a b	Other officers or key employees of the organization	· 15b	X	
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130	_^	<u> </u>
ıc.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	466		
p.	man a landario anni, a anni, a anni, a anni	• 16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		ŀ	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		}	
	the organization's exempt status with respect to such arrangements?	• 16b	<u>L</u>	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WA CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	\overline{X} Own website \overline{X} Another's website \overline{X} Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► RENEE SCHERTZER (360) 698-7227			
	PO BOX 3970 Silverdale, WA 98383			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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

(A)	(B)	(C)						(D)	Œ)	(F)
Name and Title	Average hours per week	Position Pos	l t	P	K e y e	H c e I o m g m p h p I e e o	Form	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		l e t d e o u r a o l r	t e t u t i o n a i	er	m p l o y e e	s n y t s e a e t e d		(W-2/1099-MISC)	(,	organization and related organizations
DEBRA CLARK										
DIRECTOR	40.00	X						30,000	0	(
DR MIKE JONES										
DIRECTOR	2.00	X								
DR MIKE JUNGKEIT						1				
DIRECTOR	2.00	X			}					
DR MARK DESAUTEL										-
DIRECTOR	2.00	X								
CHRISTOPHER CLARK	-						_			
PRESIDENT	40.00	X		x	k	X		60,000	0	47,400
DR DANIEL DIAMOND										
SECRETARY	2.00	X	1	X	}					
JAMES BLESSING	·-									
TREASURER	2.00	X		x	}	}				
RICHARD FELD										
DIRECTOR	2.00	Х				İ				
HENRY PRITCHETT										
DIRECTOR	2.00	Х		_						
		<u> </u>			_					
		-								
	<u> </u>				-					
		-		\vdash		-				

4

(A)							(D)	(E)		(F)		
Name and Title	Average hours per week	Post I t d I n r i d u r i s e v t c i e t d e o u r a o I r	l t n r s u t s i t t e u e	O f f c e	K e y e m p l o y e e	at apply) H c e I o m g mp h p l e e n s r t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	co	Estimated amount of other impensation from the rganization relater ganization	f ion : on ed
										_		
				-		ļ. <u>. </u>				+		
	147					<u></u>						
	-											
b Total · · · · · · · · · · · · · · · · · · ·							<u> </u>	90,000	0		47,	400
Total number of individuals (including but not limited reportable compensation from the organization	a to those lister	a abov	e) w	no r	ecei	vea m	ore t	nan \$100,000 in	C	١		
Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep the organization and related organizations greater tindividual	I for such indiv portable compe han \$150,000	idual ensatio P If "Ye	n ar s," c	od of comp	her elete	compe	nsa dule	tion from J for such		. 3	Yes	X
5 Did any person listed on line 1a receive or accrue of services rendered to the organization? If "Yes," com						_				5		X
Complete this table for your five highest compensation from the organization	ted independer	nt cont	racto	ors t	hat r	eceive	d m	ore than \$100,000	of			
(A) Name and business addr	ess							(B) Description of s	ervices	Com	(C) pensation	1
Total number of independent contractors (including more than \$100,000 in compensation from the organical contractors).		to tho	se li	sted	abo	ove) wh	no re	eceived				

Page 9

Part \	<u>VIII </u>	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · ·	• • 1a					
_	b	Membership dues • • • • • •	• • 1b					,
Contri- butions,	С	Fundraising events · · · · · ·	1c					,
gifts,	d	Related organizations • • • • • •	1d					
grants	е	Government grants (contributions)	• • 1e					
and other	f	All other contributions, gifts, grants,						/ !
sımilar		and similar amounts not included ab	ove 1f	5,391,303				
amounts	g	Noncash contributions included in lir	nes 1a-1f \$	819,226				,
	h	Total. Add lines 1a-1f		· · · · · · • •	5,391,303			
				Business Code				
	2a							
	b							
Program Service	С							
Revenue	d							
	е							
	f	All other program service revenue •						
	g	Total. Add lines 2a-2f · · · · ·		• • • • • • •				
	3	Investment income (including dividen other similar amounts) • • • • •			3,480			3,480
	4	Income from investment of tax-exemp	ot bond pro	ceeds · · · ▶				
	5	Royalties		• • • • • • • •				
			(ı) Real	(ii) Personal	*	`/*	% 4).	, , , , ,
	6a	Gross Rents · · · · · ·			*		,	s ^ ≽
	b	Less rental expenses				, · »	*	1
	С	Rental income or (loss) • • •						
	d	Net rental income or (loss) • • • •	• • • • •	• • • • • • • • •				
	7a	Gross amount from sales of (i)	Securities	(II) Other	*	.* *		
		assets other than inventory		200				ĺ
	b	Less cost or other basis and sales expenses • • • •			•			
0	C	Gain or (loss)		200		^		
ĥ	d	Net gain or (loss)			200	200	-	7 - '
e	8a	Gross income from fundraising				!		
•		events (not including \$						
R		of contributions reported on line 1c)			*			
e V		See Part IV, line 18 • • • • • •	a	1				
e	b	Less direct expenses · · · · ·	•••• ь			_		
n u	C	Net income or (loss) from fundraising	events	• • • • • • •				
e	9a	Gross income from gaming activities						
		See Part IV, line 19 • • • • • •	•••• а					
	1	Less direct expenses • • • • • •						
	С	Net income or (loss) from gaming act	ivities •	· · · · · · · • •				
	10a	Gross sales of inventory, less returns and allowances • • • • • •	a					
	h	Less cost of goods sold · · · · ·		l .	1			,
		Net income or (loss) from sales of inv						
	<u>├</u>	Miscellaneous Revenue		Business Code				
	11a	THIS STIGHT OUT THE PROPERTY OF THE PROPERTY O		Samuel Control				
	b							
	c							
	1	All other revenue • • • • • • •	• • • • •					
		Total revenue. See instructions •			5,394,983	200	(3,480

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not requi	red to complete colum	ns (B), (C), and (D).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C) Management and	(D) Fundraising
7t	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				,
	the U.S. See Part IV, line 22 - · · · · · · · · · ·				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · .				
4	Benefits paid to or for members · · · · · · · · ·				
5	Compensation of current officers, directors,				
	trustees, and key employees • • • • • • • • • • • • • • • • • •				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) - · · · ·				
7	Other salaries and wages	1,120,435	977,770	142,640	25
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions) • • • • • •				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)				
a	Management · · · · · · · · · · · · · · · · · · ·	F 005			
D	Accounting · · · · · · · · · · · · · · · · · · ·	5,885		5,885	
C	Lobbying	28,867		28,867	
d	Professional fundraising services See Part IV, line 17				
e 4	Investment management fees • • • • • • • • • • • • • • • • • •	·	*^	*	
'	Other · · · · · · · · · · · · · · · · · · ·				·
9 12	Advertising and promotion			····	
13	Office expenses				
14	Information technology · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	134,710	100,366	29,426	4,918
17	Travel · · · · · · · · · · · · · · · · · · ·	72,105	58,056	14,049	
18	Payments of travel or entertainment expenses	,			-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization • • • • • •	19,772	9,610	10,162	
23	Insurance · · · · · · · · · · · · · · · · · · ·		·		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	*			
	and labeled miscellaneous may not exceed	•			
	5% of total expenses shown on line 25 below)				
а	CHILDREN'S FUND	406,293	406,293		
b	VENTURE TEAMS	726,365	726,365		
С	ADMINISTRATIVE	607,255	607,255		
d	CONTRIBUTED SKILLED SERVICES	476,912	432,705	41,677	2,530
е	FUNDRAISING	283,493			283,493
f	All other expenses · · · · · · · · · · · · · · · · · ·	1,463,638	1,362,327	101,311	
25	Total functional expenses. Add lines 1 through 24f · ·	5,345,730	4,680,747	374,017	290,966
26	Joint Costs. Check here ▶☐ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
_	fundraising solicitation • • • • • • • • • • • • • • • • • • •				

) ·

Part	t X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	577,949	1	587,093
	2	Savings and temporary cash investments	115,536	2	15,552
	3	Pledges and grants receivable, net	458,060	3	514,131
	4	Accounts receivable, net	1,500	4	1,500
	5	Receivables from current and former officers, directors, trustees, key			"-
		employees, and highest compensated employees. Complete Part II of			
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section	> 4		
_		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
A s		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	**
S	7	Notes and loans receivable, net		7	
е	8	Inventories for sale or use	64,420	8	50,531
t S	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D · · · · · 10a 510,071	*	١ ،	
	ь	Less accumulated depreciation · · · · · · · · · 10b 78,497	2,368,548	10c	431,574
	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 · · · · · · · · · · · · · · · · · ·	155,429	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,741,442	16	1,600,381
	17	Accounts payable and accrued expenses	155,226	17	78,031
	18	Grants payable		18	,
	19	Deferred revenue		19	
ī	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
a	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
i	22	Payables to current and former officers, directors, trustees, key			
!		employees, highest compensated employees, and disqualified	* * /	3	*
l t		persons Complete Part II of Schedule L	100,000	22	100,000
i	23	Secured mortgages and notes payable to unrelated third parties	273,746	23	263,919
e s	24	Unsecured notes and loans payable to unrelated third parties • • • • • • • • • • • • • • • • • • •	275,740	24	203,313
3	25	Other liabilities Complete Part X of Schedule D		25	····
	26	Total liabilities. Add lines 17 through 25	528,972	26	441,950
	20	Organizations that follow SFAS 117, check here	320,372		442,700
		complete lines 27 through 29, and lines 33 and 34.			O.
l F	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	2,094,918	27	334,848
n	28	Temporarily restricted net assets • • • • • • • • • • • • • • • • • • •	1,117,552	28	823,583
d	29	Permanently restricted net assets	_,,	29	
В	23	Organizations that do not follow SFAS 117, check here		123	<u> </u>
a		and complete lines 30 through 34.			
l a	30	Capital stock or trust principal, or current funds	-	30	
n				31	
c e	31	Paid-in or capital surplus, or land, building, or equipment fund • • • • • • • • • • • • • • • • • • •		32	
S	32	Total net assets or fund balances	3,212,470	33	1,158,431
	33		3,741,442	34	1,600,381
	34	Total liabilities and net assets/fund balances	3,741,442	34	1,600,381

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in]		۱ ۱
	Schedule O		ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			\vdash
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in	<u> </u>		
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
_	issued on a consolidated basis, separate basis, or both			ĺ
_		-		1
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		
	EEA	Form	990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Attach to Form 990 or Form 990-EZ. Internal Revenue Service

Name of the organization Employer identification number CHILDREN OF THE NATIONS 91-1702551 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 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 11 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 Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ä) (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) h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization organization in col (described on lines 1-9) in col (f) listed in your the organization in support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes

Total

91-1702551

Pai	Support Schedule for Org (Complete only if you checked the			ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
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			*	* *	Ť	ļ
	shown on line 11, column (f)					« '	
6	Public support. Subtract line 5 from In 4				y		
Sec	tion B. Total Support	•	•				
	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on • • • • • • • • • • • • • • • • • •						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 •					T i	
12	Gross receipts from related activities, etc. (see instructions)				- 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			th, or fifth tax year	as a section 501(c)(3)	▶[]
	tion C. Computation of Public St	<u> upport Percer</u>	tage			T	
14	Public support percentage for 2009 (line 6,						%
15	Public support percentage from 2008 Sche					L	<u>%</u>
16a	33 1/3% support test - 2009. If the organiza						
	and stop here. The organization qualifies a		•				• • • • • • • • • • • • • • • • • • •
b	33 1/3% support test - 2008. If the organization						
	box and stop here. The organization qualif		-				••••
17a		•					
	more, and if the organization meets the "fa			•	-		. —
	organization meets the "facts-and-circumst		•				• • • • • • □
Ь	10%-facts-and-circumstances test - 2008.	•			·		
	more, and if the organization meets the "fa				•		
18	organization meets the "facts-and-circumsi Private foundation. If the organization did		•	•			· · · · · ▶□

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)

	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,324,726	3,121,655	4,406,595	5,013,079	5,391,503	20,257,558
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 bus under sec 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	2,324,726	3,121,655	4,406,595	5,013,079	5,391,503	20,257,558
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons ••••	285,528	314,283	402,047	302,919	423,099	1,727,876
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 · · · · · · · · ·	285,528	314,283	402,047	302,919	423,099	1,727,876
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·					· 🔌	18,529,682
	ction B. Total Support						
	endar year (or fiscal year beginning in) Amounts from line 6 • • • • • • • • • • • • • • • • • •	(a) 2005 2,324,726	(b) 2006 3,121,655	(c) 2007 4,406,595	(d) 2008 5,013,079	(e) 2009 5,391,503	(f) Total 20,257,558
	Gross income from interest, dividends,	2,324,726	3,121,633	4,406,595	5,013,079	5,391,503	20,257,556
	payments received on securities loans, rents, royalties and income from similar sources	2,694	8,575	8,696	7,143	3,48	30,588
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · ·	2,694	8,575	8,696	7,143	3,48	30,588
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12) • • • • • • • • • • • • • • • • • • •						20,288,146
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganızatıon's first, se	econd, third, fourth	, or fifth tax year a	s a section 501(c)(3)	· · · · · ▶ □
	ction C. Computation of Public Su Public support percentage for 2009 (line 8, o			(0)		45	01 22 0
15 16	Public support percentage for 2009 (line 8, 6) Public support percentage from 2008 Sched		-			16	91.33 % 89.35 %
	ction D. Computation of Investme					'0	33.33 7
<u>36.</u> 17	Investment income percentage for 2009 (line			olumn (f))		17	0.15 %
18	Investment income percentage from 2008 Se	•	-			18	0.16 %
19a	33 1/3% support tests - 2009. If the organization is not more than 33 1/3%, check this box	ation did not check and stop here . The	the box on line 14, e organization qua	and line 15 is moi lifies as a publicly	re than 33 1/3%, a supported organiza	nd line ation • • • •	· · · · • X
b	33 1/3% support tests - 2008. If the organization 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a publ	licly supported orga	anization • •	▶ []
20	Private Foundation: If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	ind 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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number Name of the organization 91-1702551 CHILDREN OF THE NATIONS Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. the organization answered "Yes" to Form 990, Part IV, line 6 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 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 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) 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 Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 - · · · · · · · · · · · · · · Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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? 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 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Pa	rt III Organizations Maintaining	Collection	ns of Art, Hi	storical Trea	sures. o	r Other Similar	Asset [®]	s (contin	ued)
3	Using the organization's acquisition, accession	, and other red	ords, check an	of the following	that are a s	significant use of its		-	
	collection items (check all that apply)								
а	Public exhibition	d [Loan or exch	ange programs					
b	Scholarly research	e	Other						
С	Preservation for future generations	_	<u> </u>		-				
4	Provide a description of the organization's colle	ections and exi	olain how they f	urther the organi	zation's exe	empt purpose in			
	Part XIV		,						
5	During the year, did the organization solicit or re	eceive donatio	ons of art histor	cal treasures, or	other simils	ar			
	assets to be sold to raise funds rather than to b						!	Yes	No
Da	rt IV Escrow and Custodial Arra							163	NO
<u>ra</u>	Part IV, line 9, or reported an amount	nt on Form 99	Dert Xine 2	ı garıızatıdır arısı	veicu ies	to 1 omi 550,			
1a	Is the organization an agent, trustee, custodian				r accote not			·	
	included on Form 990, Part X? • • • • • •		-				,		
h					• • • • • •		•••	Yes	No
b	If "Yes," explain the arrangement in Part XIV ar	ia complete th	e following table	,	1				
_	Beginning balance · · · · · · · · · · · · · · · · · · ·						mount		
C									
đ	Additions during the year • • • • • • • • • • • • • • • • • • •					1d			
e	Distributions during the year					1e			
f	Ending balance • • • • • • • • • • • • • • • • • • •					1f			
2a	Did the organization include an amount on Form	n 990, Part X,	line 21? • •	• • • • • • •	• • • • •	• • • • • • • • •	• • • [Yes	No
	If "Yes," explain the arrangement in Part XIV								
<u>Pa</u>	rt V Endowment Funds. Complete	if the organiza	ation answered	'Yes" to Form 99	0, Part IV, I	ine 10			
		(a) Current y	ear (b) P	nor year (c)	Two years bac	k (d) Three years bac	ck (e)	Four years	s back
1a	Beginning of year balance • • • • • • • • • • • • • • • • • • •								
b	Contributions - · · · · · · · · · · · · · · · · · ·								
C	Net investment earnings, gains, and losses -				*	**			,
d	Grants or scholarships								
е	Other expenditures for facilities			,		· .			-
	and programs • • • • • • • • • • • • • • • • • • •					. 1			
f	Administrative expenses								
g	End of year balance			~				*	
2	Provide the estimated percentage of the year e		ld as	L	-	L	I		<u>'</u>
а	Board designated or quasi-endowment		%						
b	Permanent endowment > %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possessi	on of the orga	nization that are	held and admin	istered for t	he			
	organization by			,				Yes	No
	(i) unrelated organizations • • • • • • • • • • • • • • • • • • •						[3	a(i)	140
	(ii) related organizations · · · · · · · · ·							a(ii)	+-
b	If "Yes" to 3a(ii), are the related organizations li		ad on Schedule	P2				3b	+
4	Describe in Part XIV the intended uses of the or	•						30	Ш_
				see Form 990, F	Port V. June 1	10			
га	rt VI Investments - Land, Buildi	<u>ngs, and ⊏</u>	<u>quipment.</u>	366 FOIII 990, F	art A, iirie i	10			
	Description of investment	1 ''	st or other basis	(b) Cost or oth	l l	(c) Accumulated	(d)) Book value	е
1-	Lond	`	investment)	basis (other	· +	depreciation			F 655
1a	Land				5,000				5,000
b	Buildings	-		368	3,567	32,013		33	6,554
C	Leasehold improvements • • • • • • • • • • • • • • • • • • •	•••		1					
d	Equipment	•••			0,059	30,242		1:	9,817
е	Other				5,445	16,242			203
Tota	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990,	Part X, column	(B), line 10(c))		▶	_	43:	1,574

organization's liability for uncertain tax positions under FIN 48

(a) Description of security or category (including name of security) Financial derivatives	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Closely-held equity interests		
la de la companya de		
Other		
		70
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		*
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 13	
• (a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
	-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	3	\$
Part IX Other Assets. See Form 990, Part X, line 1	5	
	escription	(b) Book value
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15		• • • • • • • • • • • • • • • • • •
Part X Other Liabilities. See Form 990, Part X, In	e 25	
1 (a) Description of liability	(b) Amount	
Federal income taxes		
Total (Column (b) must equal Form 990, Part X, col (B) line 25) 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to		

Pa	<u>rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements</u>	.	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,394,983
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,345,730
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	49,253
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
6	Investment expenses • • • • • • • • • • • • • • • • • •	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	49,253
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	· ·
1	Total revenue, gains, and other support per audited financial statements	1	5,394,983
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments · · · · · · · · · · · · · · · · 2a		
b	Donated services and use of facilities · · · · · · · · · · · · · · · · 2b		
C	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·	** 1	
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · ·		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	5,394,983
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 XIV) • • • • • • • • • • • • • • • • • •		
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	5,394,983
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	ner Ret	
1	Total expenses and losses per audited financial statements	1	5,345,730
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	20.00	3,0 - 3, 1 - 3
а	Donated services and use of facilities 2a	'	
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
С	Other losses · · · · · · · · · · · · · · · · · ·	- 🤲	
d	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • •	- *	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	5,345,730
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	, 	0,010,00
а	Investment expenses not included on Form 990, Part VIII, line 7b • • • • • • • • • • • • • • • • • •	1	
b	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • •	-	
c	Add lines 4a and 4b		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,345,730
	rt XIV Supplemental Information		3,343,730
	plete 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		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	part to provide any additional information		
(1113 F	art to provide any additional information		
			_
			

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

2009

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number CHILDREN OF THE NATIONS 91-1702551 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 the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award X Yes 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the **United States** 3 Activities per Region (Use Schedule F-1 (Form 990) 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 or region (by type) (i e , a program service, expenditures in геаюл agents in fundraising, program services, describe specific type of region region grants to recipients located in service(s) in region the region) Central America and the Carribean EDUCATION/MEDICAL Program 'services 1,132,610 Sub-Saharan Africa CHILDREN'S HOMES Program services 2,123,149

Totals · · · · · · · · ▶

3,255,759

Page 2	(i) Method of valuation (book, FMV, appraisal,	omer)									-		
91-1702551 "Yes" to Form 990,	(h) Description of non-cash assistance												
91-17 n answered "Yes"	(g) Amount of non-cash assistance												
ete if the organization,	(f) Manner of cash disbursement			-								k-exempt	
ed States. Comple	(e) Amount of cash grant											as charities by the foreign country, recognized as tax-exempt squivalency letter	•
utside the Unit	(d) Purpose of grant											s by the foreign coun'	
Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000	Is needed (c) Region							:				that are recognized as charitie ed a section 501(c)(3) equivaler	
CHILDREN OF THE NATIONS IET ASSISTANCE to Organiza INT recipient who received more that	Use Schedule F-1 (Form 990) if additional space is needed (b) IRS code section and EIN (if applicable)											organizations listed above tee or consel has provide	nizations or entities
Schedule F (Form 990) 2009 Part II Grants and Other Part IV, line 15, for any 1	Use Schedule F-1 (Form						,					Enter total number of recipient organizations listed above that are recognized as charities by the tby the IRS, or for which the grantee or consel has provided a section 501(c)(3) equivalency letter	Enter total number of other organizations or entities

Page 3

• 6

Schedule F (Form 990) 2009

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed

Schedule F (Form 990) 2009 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant EF (c) Number of recipients (a) Type of grant or assistance

Schedule F (Form	990) 2009 CHILDREN OF THE NATIONS	91-1702551	Page 4
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information		
	estiples the part of provide the montaness required in that i, into 2, and any additional montaness.		
EACH FOREIG	N ORGANIZATION IS REQUIRED TO SUBMIT MONTHLY BUDGETS TO THE GOVERNING	BODY	
PRIOR TO DI	SBURSEMENT OF FUNDS FROM THE ORGANIZATION AND ARE REQUIRED TO PROVIDE	THE	
ORGANIZATIO	N WITH A COPY OF THEIR INDEPENDENTLY AUDITED FINANCIAL STATEMENTS ON A	AN ANNUAL	
BASIS. THE	INTERNATIONAL PRESIDENT MAKES REGULAR VISITS TO EACH SITE TO ENSURE 1	RESOURCES	
ARE USED AP			
THE COLD RE	:NOENIAIBII.		
		11.2	
		<u> </u>	
			

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

► See separate instructions. Internal Revenue Service Name of the organization Employer identification number CHILDREN OF THE NATIONS 91-1702551 Excess Benefit Transactions (section (501(c)(3) and section 501(c)(4) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (a) Name of interested person and purpose (b) Loan to or from (c) Onginal (d) Balance due (e) In default? (f) Approved (g) Wntten the organization? рплсіраї amount by board or agreement? committee? Yes No Yes No Yes No То From GREG AND SUE DESAUTEL Х 100,000 100,000 Х Х 100,000 Total **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction (e) Shanng of interested person and the transaction organization's organization revenues? Yes No

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

Schedule L (Form 990 or 990-EZ) 2009

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

2009

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

Attach to Form 990.

CHILDREN OF THE NATIONS 91-1702551 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art-Works of art 2 Art-Historical treasures . . . 3 Art-Fractional interests Books and publications Clothing and household goods X 180,720 COMP THRIFT STORE 6 Cars and other vehicles 7 Boats and planes - - - - - - -8 Intellectual property - - - - - -9 Securities-Publicly traded 10 Securities-Closely held stock . . 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 х 3 16 Real estate-Commercial 98,374 COMP RENTS 17 Real estate-Other - - - - - -18 Food inventory 19 20 Drugs and medical supplies · · · x 47 36,500 FAIR MARKET VALUE 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts . . . 25 Other SKILLEDSVC X 474.382 COMP SERVICE COST 26 Other | BUILDINGS x 2 29,250 FAIR MARKET VALUE Other ►(27 28 Other ►(29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a Х If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х b If "Yes." describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, 33

describe in Part II

(Form 990)

Supplemental Information to Form 990

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

2009

Inspection

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization Employer identification number CHILDREN OF THE NATIONS 91-1702551 01. Officer, directors, etc. family relationship (Part VI, line 2) CHRISTOPHER AND DEBRA CLARK ARE HUSBAND AND WIFE. 02. Form 990 governing body review (Part VI, line 11) THE FINANCE DIRECTOR REVIEWS THE FINANCIAL AND OTHER INFORMATION PRESENTED ON THE FORM 990 PREPARED BY AN INDEPENDENT CPA. THE FINANCE DIRECTOR THEN REVIEWS THE FORM 990 WITH THE GOVERNING BOARD PRIOR TO FILING IT. 03. Conflict of interest policy compliance (Part VI, line 12c) EVERY EMPLOYEE SIGNS CONFLICT OF INTEREST POLICY, WHICH IS KEPT IN THEIR INDIVIDUAL PERSONNEL FILE. THE EMPLOYEE IS RESPONSIBLE TO NOTIFY MANAGEMENT IF CONFLICTS OR POTENTIAL CONFLICTS ARISE. DIRECTORS, OFFICERS AND MANAGERS ARE RESPONSIBLE TO BE AWARE OF ANY POTENTIAL CONFLICTS OF INTEREST AT ALL TIMES. 04. CEO, executive director, top management comp (Part VI, line 15a) COMPARITIVE SALARY DATA FROM SIMILAR NON-PROFIT ORGANIZATIONS IS USED BY SENIOR MANAGEMENT TO DETERMINE PROPOSED SALARIES. THE PROPOSED SALARIES ARE SUBMITTED TO THE GOVERNING BOARD FOR THEIR REVIEW AND APPROVAL 05. Other officer or key employee compensation (Part VI, line 15b COMPARITIVE SALARY DATA FROM SIMILAR NON-PROFIT ORGANIZATIONS IS USED BY SENIOR MANAGEMENT TO DETERMINE PROPOSED SALARIES. THE PROPOSED SALARIES ARE SUBMITTED TO THE GOVERNING BOARD FOR THEIR REVIEW AND APPROVAL 06. Governing documents, etc, available to public (Part VI, line 19)

UPON REQUEST, A COPY OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury

Attachment

► See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number 91-1702551 CHILDREN OF THE NATIONS FORM 990 - 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (a) Description of property (b) Cost (business use only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) 16,313 MACRS Depreciation (Do not include listed property) (See instructions) Part III Section A 17 2,912 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general W. Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Classification of property year placed in (business/investment use (g) Depreciation deduction service only-see instructions) penod 19a 3-year property b 5-year property 1,411 5 HY S/L 141 c 7-year property 10-year property 15-year property е 20-year property 25-year property 25 yrs S/L MM Residential rental 27 5 yrs S/L 27 5 yrs MM S/L property 29,250 2009-06 MM Nonresidential real 39 yrs S/L 406 MM S/L property Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/I S/L 12-year 12 yrs ММ S/L 40-year 40 yrs Summary (see instructions) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 and on the appropriate lines of your return Partnerships and S corporations - see instructions 19,772

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For assets shown above and placed in service during the current year, enter the