

GOLDMAN, CLEARFIELD & OCAMPO, LLP CERTIFIED PUBLIC ACCOUNTANTS 6230 OLD DOBBIN LANE, SUITE 180 COLUMBIA, MD 21045

Child Aid International, Inc. 262 Essex Street, 3rd Floor Salem, MA 01970

Child Aid International, Inc.:

Enclosed are the original and one copy of the 2017 Exempt Organization return, as follows...

2017 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

GOLDMAN, CLEARFIELD & OCAMPO, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

April 30, 2018

Prepared for	Child Aid International, Inc. 262 Essex Street, 3rd Floor Salem, MA 01970
Prepared by	GOLDMAN, CLEARFIELD & OCAMPO, LLP 6230 OLD DOBBIN LANE, SUITE 180 COLUMBIA, MD 20145
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by March 15, 2019.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning $\,$ MAY $\,$ 1 $\,$, 2017, and ending $\,$ APR $\,$ 30

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization		Employer identification number
CHILD AID INTERNATION	NAL, INC.	20-1358458

Name and title of officer

BRENDAN WALSH

TREASURER

Part I	Type of Return and Return Information	(Whole Dollars Only)
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Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	234,330.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
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XIa	authorize GOLDMAN,	CLEARFIELD 8	CAMPO,	LLP	to enter my PIN 17168
		ER	0 firm name		Enter five numbers, bu do not enter all zeros
is		ency(ies) regulating charit	ties as part of the		within this return that a copy of the return also authorize the aforementioned ERO to
in	•	that a copy of the return is	s being filed with a	a state agency(ies) regulat	ar 2017 electronically filed return. If I have ing charities as part of the IRS Fed/State
Officer's signa	ature ▶			Date ▶	
Part III	Certification and	Authentication			

Pa

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52026203077 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

12/17/18 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning MAY 1, 2017 and ending APR 30,

Inspection

	01 111		chang 1	1110 30, 2010	
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
X Address change					
	Name chang	Doing business as		20-1	358458
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	262 ECCEV CUDEEM 3DD ELOOD			338-4240
	termir ated			G Gross receipts \$	234,330.
	Amen	ded Catem Ma 01070		H(a) Is this a group re	
	Application	F Name and address of principal officer: JARED HAMILTON		for subordinates	
	pendi	^{ng} SAME AS C ABOVE			ncluded? Yes No
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o	or 527	1	list. (see instructions)
		te: WWW.AIDTOCHILDREN.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year		1 State of legal domicile: MD
	art I	Summary		or to made in	- oute or regul dominate
		Briefly describe the organization's mission or most significant activities: TO As	SSIST	NOT-FOR-PRO	FITS IN
Activities & Governance	'	WORKPLACE GIVING CAMPAIGNS.			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	ssets.
ove.	l			3	6
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			6
တိ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			0
iţie		Total number of volunteers (estimate if necessary)			0
흦	72	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ĭ		Net unrelated business taxable income from Form 990-T, line 34			0.
		The difficulted business taxable mostly from 500 1, into 54		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		324,927.	180,505.
ne	l .			23,955.	53,825.
Revenue	l .	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		348,882.	234,330.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		276,989.	160,438.
	l			0.	0.
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	· ·	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25)		80,942.	85,705.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		357,931.	246,143.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-9,049.	-11,813.
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12			
ts o		T	В	eginning of Current Year 101,592.	End of Year 86,616.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		70,224.	67,061.
et A	21	Total liabilities (Part X, line 26)		31,368.	19,555.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		31,300.	19,000.
		-			ulmandada and haliaf it is
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and bellet, it is
true,	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparei	r nas any knowledge.	
		Signature of officer		I Date	
Sig		' · · ·		Duto	
Her	е	BRENDAN WALSH, TREASURER Type or print name and title			
		, , ,		Date Check	PTIN
Dala		Print/Type preparer's name Preparer's signature ADAM M CIEARETEID CDA ADAM M CIEARETI		L2/17/18 Check L	
Paid		ADAM M. CLEARFIELD, CPA ADAM M. CLEARFI			53-0229586
	oarer	Firm's name GOLDMAN, CLEARFIELD & OCAMPO, LI	υΓ	Firm's EIN ▶	33-0443300
use	Only	Firm's address 6230 OLD DOBBIN LANE, SUITE 180		D, 41	0 772 0000
		COLUMBIA, MD 20145		Phone no.41	0-772-8090
May	/ the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE WORK WITH OTHER NOT-FOR-PROFIT ORGANIZATIONS TO HELP THEM INCREASE
	THEIR PARTICIPATION AND SUCCESS IN PUBLIC-SECTOR WORKPLACE CHARITABLE
	FUND DRIVES. THE FEDERATION SCREENS APPLICATIONS FOR SUCH DRIVES,
	ASSISTS WITH THE TRANSFER OF FUNDS FROM DONORS TO THE BENEFITING
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 238,403 • including grants of \$ 160,438 •) (Revenue \$ 53,825 •)
4a	(Code:) (Expenses \$ 238,403. including grants of \$ 160,438.) (Revenue \$ 53,825.) DURING 2017-2018, WE WORKED WITH ORGANIZATIONS TO HELP THEM PARTICIPATE
	IN AND RECEIVE FUNDING FROM THE COMBINED FEDERAL CAMPAIGN. THIS
	INVOLVED HELPING MEMBER CHARITIES PREPARE SUCCESSFUL APPLICATIONS,
	PROVIDING THEM ADVICE ON MARKETING, AND TRACKING AND DISTRIBUTING
	DONATIONS FROM THE CAMPAIGN. DURING THE FISCAL YEAR, WE MADE
	DISTRIBUTIONS OF OVER \$160,000.
	DISTRIBUTIONS OF OVER \$100,000:
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	<u> </u>
<i>1</i> - 1	Other program convices (Describe in Schedule C.)
4d	Other program services (Describe in Schedule O.)
1-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 238, 403.
4e	Total program service expenses 238,403.

Form 990 (2017) CHILD AID IN 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)?	4	x	
2	If "Yes," complete Schedule A	2	22	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111		-25
ıza	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		-22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	.,		
.5	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? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form 990 (2017) CHILD AID INTERNAT Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	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			l
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
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 disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			3,7
	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 Schedule L, Part IV	28b		Х
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		Х
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," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	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 controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) CHILD AID INTERNATIONAL, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this Part v					Ш
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				v	
_	(gambling) winnings to prize winners?	 I	 I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	1			
р	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					х
	•			3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			40		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country:	accou	iii() ?	4a		
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	nte (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			-00		
ou	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
-	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L			
11	Section 501(c)(12) organizations. Enter:	۔ دد ا	I			
	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	400		
		12b	Í	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<u> </u>			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the commitmation receive any property for independence or receive any rice of relief			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		

Part VI 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 Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>5</u>						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	6						
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		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b								
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		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	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?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►MA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd finar	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	THE ORGANIZATION - 978-338-4240							
	262 ESSEX STREET, 3RD FLOOR , SALEM, MA 01970							

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization n	or any related	orga	aniza	ation	COI	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	itior	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	Cer ai	iu a u	recit	ctor/trustee)		from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		organization (W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	Institutional trustee		yee	mper		(** 2) 1000 *********************************		and related
	below	idual	ution	<u>-</u>	Key employee	est co oyee	ler.			organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former			
(1) JARED HAMILTON	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) BRENDAN WALSH	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) CHARLES TURNER	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(4) PETER A. BAINBRIDGE	1.00									_
DIRECTOR		Х						0.	0.	0.
(5) DREW BILLINGS	1.00									_
DIRECTOR		Х						0.	0.	0.
(6) CLIFF BAILEY	1.00									
DIRECTOR		Х						0.	0.	0.
	-									
	ļ					_				

732007 11-28-17 Form **990** (2017)

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	;	Est	imate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			ount c	of
		week (list any	\vdash	T a		T CCIC	Ji/ ti do	100)	from	from related			other	
		hours for	directo				L		the organization	organization (W-2/1099-MIS			ensat om the	
		related	9e or 0	stee			ısatec		(W-2/1099-MISC)	(00-271099-10110	30)		nizati	
		organizations	trust	al tru		yee	educ						relate	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orgar	nizatio	ns
		line)	ib	lnst	Officer	Key	High	Forr				<u> </u>		
			1											
			$ldsymbol{f eta}$									<u> </u>		
			<u> </u>											
			-											
			<u> </u>									<u> </u>		
			<u> </u>											
			-											
1b	Sub-total							<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)		<u> </u>					<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ıose	liste	ed a	bov	e) wł	no re	eceived more than \$100	0,000 of reportab	le			,
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director or tru	ıcto	o ko	ov or	mnle	N/00	orl	highest componented o	mployoo on	١		165	NO
3	line 1a? If "Yes," complete Schedule J for s				-	-	-		-			3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	=		-					<u>-</u>			4		Х
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	/ unr	elat	ed organization or indiv	idual for services	;			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	pers	son .					5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation fr	om	
	(A)	trie caleridar y	car	enui	iiig v	VILII	OI W		(B)	year.		(C)	١	
	Name and business	address	N	INC	E				Description of s	services	С	compen		1
											ı			
								\dashv						
								\dashv						
	Total number of independent contractors (noludina but -		mita	d +c	the	oc II	otos	d abova) who received to	noro than				
	Total number of independent contractors (i \$100,000 of compensation from the organi		IOL III	iiiite	:u (0	1110	0	sie0	above, who received n	IOIE IIIAII				

Form 990 (2017) CHILD A:
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	180,505.				
ar our		Membership dues	I I					
S, C	С	Fundraising events	1c					
ar,		Related organizations						
ini,	е	Government grants (contribut	ions) 1e					
rior S	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included above	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>8 0</u>	h	Total. Add lines 1a-1f			180,505.			
		DDOODAN CEDUTOE		Business Code	E2 02E	E2 02E		
ice	2 a		· LEED	900099	53,825.	53,825.		
le Š	b							
Program Service Revenue	С.							
gra Re	d							
Pro	e	All others was supplied and in a service						
	' "	All other program service reve			53,825.			
$\overline{}$	3	Total. Add lines 2a-2f			33,023.			
	3	other similar amounts)						
	4	Income from investment of tax		F				
	5	Royalties		·				
	•	rioyanios	(i) Real	(ii) Personal				
	6 a	Gross rents		()				
	b							
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ne		Gross income from fundraising	g events (not					
Ven		including \$						
Re		contributions reported on line						
Other Reven	h	Part IV, line 18						
₽		Less: direct expenses Net income or (loss) from func						
		Gross income from gaming ac	-					
	Эа	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
Ī		Miscellaneous Revenu		Business Code				
	11 a							
	b	·						
	С							
		All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			234,330.	53,825.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 160,438. 160,438. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 3,525. 3,525. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 815. 815. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 47,365. 47,365. FILING FEES 34,000. 30,600. SUPPORT SERVICES 3,400 С d All other expenses е 246,143. 238,403. 7,740. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2017) Part X Balance Sheet

Pa	πχ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	76,180.	1	62,919.
	2	Savings and temporary cash investments	10 010	2	20 200
	3	Pledges and grants receivable, net	19,818.	3	20,299.
	4	Accounts receivable, net	0.	4	800.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ets		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use	848	8	5.45
	9	Prepaid expenses and deferred charges	747.	9	747.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,847.	15	1,851.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	101,592.	16	86,616.
	17	Accounts payable and accrued expenses	1,653.	17	8,680.
	18	Grants payable	68,571.	18	58,381.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
jab		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	F0 004	25	67.061
	26	Total liabilities. Add lines 17 through 25	70,224.	26	67,061.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	21 260		10 555
Fund Balances	27	Unrestricted net assets	31,368.	27	19,555.
Bal	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
亞		Organizations that do not follow SFAS 117 (ASC 958), check here			
ğ		and complete lines 30 through 34.			
šets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds	24 262	32	10
~	33	Total net assets or fund balances	31,368.	33	19,555.
	34	Total liabilities and net assets/fund balances	101,592.	34	86,616.

Pa	rt 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			30.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			43.	
3	Revenue less expenses. Subtract line 2 from line 1	3			13.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	1,3	68.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	9,5	55.	
Pa	rt 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					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h			

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CHILD AID INTERNATIONAL, INC. 20-1358458 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	635,540.	326,736.	254,086.	324,927.	180,505.	1721794.
2	Tax revenues levied for the organ-						
	ization'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					100	1=01=01
4	Total. Add lines 1 through 3	635,540.	326,736.	254,086.	324,927.	180,505.	1721794.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4504504
6	Public support. Subtract line 5 from line 4.						1721794.
	ction B. Total Support	1	<u> </u>		г	Г	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016 324,927.	(e) 2017 180,505.	(f) Total 1721794.
	Amounts from line 4	635,540.	326,736.	254,086.	324,927.	180,505.	1/21/94.
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 VI.)						1721794.
11	Total support. Add lines 7 through 10		`			40	124,788.
12	Gross receipts from related activities,			-		12	124,700.
13	First five years. If the Form 990 is for						. □
Sec	organization, check this box and storection C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2017 (column (f))		14	100.00 %
15	Public support percentage from 2016						$\frac{100.00}{100.00}$
	33 1/3% support test - 2017. If the o						
104	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2016. If the o						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	•	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization		-	•			. 🖂

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per-						
	formed, 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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,			, ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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.
- 2 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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
	1		
	2		
	_		
_ ;	3a		
<u> </u>	3b		
-	3с		
	4a		
-	+a		
ď	4b		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	7		
	8		
9	9a		
	9b		
	9с		
1	l0a		
	0b		
m 990	or 99	90-EZ)	2017

Pai	rt IV Supporting Organizations (continued)			
	(sommad)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	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.	1		
2	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 in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	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).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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.	3		<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	ÍП	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	0-		
	that these activities constituted substantially all of its activities.	2a		
D	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 in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	OL		
2	activities but for the organization's involvement. Perent of Supported Organizations Answer (a) and (b) holow	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
	2.3 5.3 Lation on one a capetarital abgree of direction ever the policies, programs, and detivities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	^{∕t V} │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-E	Z) 2017	CHILD	AID	INTER	NATIONAL	, INC.	20-1358458 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Inforn lines 1, 2 tion D, lir	nation. P 2, 3b, 3c, 4 nes 2 and 3	rovide the b, 4c, 5a 3; Part IV,	e explanation, 6, 9a, 9b, Section E,	ons required by 9c, 11a, 11b, ar lines 1c, 2a, 2b	Part II, line 10; F nd 11c; Part IV, S , 3a, and 3b; Par	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	6, and 8	; and Part	V, Section	n E, lines 2,	, 5, and 6. Also c	complete this pa	rt for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHILD AID INTERNATIONAL, INC.

Employer identification number 20-1358458

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	•		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
-		allian and alabata and and and and an analysis	and a second and a second as a
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
0	Data and appropriation assembly reported on line 2(d) should	us satisfy the requirements of saction 17	O(b)(4)(D)(i)
8	Does each conservation easement reported on line 2(d) about a particle 170(b)(4)(D)(ii)2		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
9	-	•	
	include, if applicable, the text of the footnote to the organiza	tion's illancial statements that describes	s the organization's accounting for
Par	conservation easements. rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or C	Other Similar Assets
	Complete if the organization answered "Yes" on Form	•	outer outline 7,000to.
12	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
iu	historical treasures, or other similar assets held for public ex	•	
	the text of the footnote to its financial statements that descr		arioe or public service, provide, in real count,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	radiation, or research in farther area of pr	able correct, provide the relieving amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		3, p
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining Coll	lections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	r Asse	ts (continu	ied)
3	Using the organization's acquisition, accession,	and other record	ls, checl	k any of the	following tha	at are a siç	gnificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explair	n how th	ney further t	he organizati	on's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be maint								Yes	☐ No
Par								Part IV,		
	reported an amount on Form 990, Part X			J			•	,	,	
1a	Is the organization an agent, trustee, custodian	or other intermed	liarv for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									
_	roo, oxplain allo all'allgomont illi allo allo	oop.o.o							Amount	
С	Beginning balance						1c		7 41110 41111	
	Additions during the year									
	Distributions during the year									
f	Ending balance						16 1f			
2a	Did the organization include an amount on Form						. —		Yes	□ No
	If "Yes," explain the arrangement in Part XIII. Ch						.y:		103	
Par							0			
1 311	<u> </u>	a) Current year		rior year	(c) Two year		d) Three ye	ars hack	(e) Four y	ears hack
1a	Beginning of year balance	a) Carrent year	(6)	nor year	(C) TWO YOU	TO DUOK 1	a, moo ye	aro baok	(C) roury	ouro buon
h	Contributions									
0	Net investment earnings, gains, and losses									
ا	- · · · · · · · · · · · · · · · · · · ·									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		/I: 4		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
2	Provide the estimated percentage of the current	t year end balanc		g, column (a	a)) neid as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
_	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possession.	on of the organiza	ation tha	at are held a	and administe	ered for th	e organiza	ation		
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organization				· · · · · · · · · · · · · · · · · · ·				3b	
4	Describe in Part XIII the intended uses of the org		wment	funds.						
Par	t VI Land, Buildings, and Equipmen									
	Complete if the organization answered "Y									
	Description of property	(a) Cost or o			or other		cumulated	t	(d) Book	value
		basis (investn	nent)	basis	(other)	dep	reciation	$-\!\!\!\!+\!\!\!\!\!-$		
	Land									
	Buildings							\longrightarrow		
	Leasehold improvements							\longrightarrow		
	Equipment							$-\!$		
	Other							$-\!\!\!\!\!-$		
Total	Add lines 1a through 1e (Column (d) must equa	al Form 990 Part	X colun	nn (R) line 1	10c)					0.

CHILD AID IN		TNC	20	1358458 _{Pag}
Schedule D (Form 990) 2017 CHILD AID IN Part VIII Investments - Other Securities.	TERNATIONAL	, INC.	20-	1330430 Pag
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11h See Form 990	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-	of-year market value
(1) Financial derivatives	. ,	1 ,		
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1)				
(2)		-		
(3)				
(4)				
(5)				
(6)				
(7)		+		
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 900	Dart Y line 15	
	Description	2 114. 000 1 0111 000,	Tarry, into 10.	(b) Book value
(1)	ı.			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Sche	edule D (Form 990) 2017 CHILD AID INTERNATIONA	L, INC.	20-13	58458 Page
	rt XI Reconciliation of Revenue per Audited Financial S			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	-	
1	Total revenue, gains, and other support per audited financial statements		1	234,330
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	234,330
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	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			234,330
Pa	art XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	246,143
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	246,143
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		•
	Add lines 4a and 4b			0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	246,143
	art XIII Supplemental Information.			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X, I	ine 2; Part XI,
ines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public

the latest information.

Name of the organization CHILD AID INTERNATIONAL, INC.							Employer identification number 20-1358458
Part I General Information on Grants a		TONAL, INC.	•				20-1336436
1 Does the organization maintain records		e amount of the grants	s or assistance the	grantees' eligibilit	v for the grants or ass	sistance and the selec	etion.
criteria used to award the grants or assi							
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASSIST INTERNATIONAL 230 MT. HERMON ROAD, SUITE 206 SCOTTS VALLEY, CA 95066	77-0243475	501(C)(3)	12,543.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
ALLIANCE FOR CHILDREN EVERYWHERE 4826 EAST 12TH STREET TUCSON, AZ 85711	91-1704751		7,372.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
EVERY CHILD MINISTRIES 875 SOUTH STATE ROAD 2 HEBRON, IN 46341	31-1162331	501(C)(3)	5,894.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
CHILDREN OF GOD RELIEF FUND 1001 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004	13-3615655	501(C)(3)	8,317.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
ORPHAN RESOURCES INTERNATIONAL 550 W. TROUT RUN ROAD EPHRATA, PA 17522	30-0075123	501(C)(3)	9,670.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
PRATHAM USA 9703 RICHMOND AVENUE #102 HOUSTON, TX 77042	76-0620808	1 1 1 1	15,064.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
2 Enter total number of other organization							
3 Enter total number of other organization	s listed itt the line	1 Laule					

Part II Continuation of Grants and Othe	r Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESSENGERS OF LOVE 16002 GREENWOOD PINES HOUSTON, TX 77062	11-3730103	501(C)(3)	12,907.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
GOD'S CHILD PROJECT 721 MEMORIAL HWY BISMARCK, ND 58504	45-0422423	501(C)(3)	9,682.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
THE EXODUS ROAD 409 N. TEJON ST, SUITE 106 COLORADO SPRINGS, CO 80903	46-1384815	501(C)(3)	22,347.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.
FRONTIER HORIZON P.O. BOX 4429 VIRGINIA BEACH, VA 23454	54-2034061	501(C)(3)	6,725.	0.			TO ASSIST IN THE ORGANIZATION'S EXEMPT PURPOSES.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE GRANTS PAID TO THE RECIPIENTS	ARE BASE	D ON INFO	RMATION REC	EIVED FROM	
THE FEDERATED CAMPAIGNS.					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CHILD AID INTERNATIONAL, INC. **Employer identification number** 20-1358458

Schedule O (Form 990 or 990-EZ) (2017)

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GROUPS, EDUCATES THE STAFF AND VOLUNTEERS OF THESE GROUPS SO THAT THEY BETTER UNDERSTAND WORKPLACE GIVING PROGRAMS, AND ASSISTS IN THE MARKETING OF SUCH GROUPS TO POTENTIAL DONORS.

FORM 990, PART VI, SECTION B, LINE 11B:

ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVED THE FORM 990 BEFORE IT WAS FILED TO ALLOW THEIR REVIEW OF THE DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

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

THE ORGANIZATION COMPLIES WITH A CONFLICT OF INTEREST POLICY PASSED BY THE BOARD OF DIRECTORS DURING THE 2008-09 FISCAL YEAR. THIS POLICY STATES THAT:

"ANYONE MAKING DECISIONS ON BEHALF OF THE ORGANIZATION SHOULD ALWAYS ACT BASED IN THE BEST INTERESTS OF THE ORGANIZATION, AND NO INDIVIDUAL ASSOCIATED WITH THE ORGANIZATION SHOULD USE HIS OR HER POSITION FOR PERSONAL BENEFIT, FOR THE BENEFIT OF FRIENDS OR RELATIVES, OR TO FURTHER ANY OUTSIDE INTERESTS OR PERSONAL AGENDA. THIS STANDARD APPLIES TO ALL TRANSACTIONS AND DECISIONS, WHETHER OR NOT COVERED BY THE DETAILED POLICIES AND PROCEDURES BELOW."

THE POLICY DEFINES POTENTIAL AND ACTUAL CONFLICTS OF INTEREST, REQUIRES DISCLOSURE BY RELEVANT PARTIES OF POTENTIAL AND ACTUAL CONFLICTS, AND ESTABLISHES PROCEDURES BY WHICH BOARD MEMBERS AND STAFF CAN DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF A CONFLICT,

	I
THE POLICY FURTHER PROVIDES A PROCESS FOR DECIDING WHETHE	ER A PROPOSED
TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION I	DESPITE THAT
CONFLICT OF INTEREST.	
THE POLICY STATES THAT IT SHALL BE DISTRIBUTED ANNUALLY	O ALL DIRECTORS,
OFFICERS, MEMBERS OF BOARD COMMITTEES, AND STAFF ALONG W	TH A DISCLOSURE
QUESTIONNAIRE DESIGNED TO UNCOVER POTENTIAL CONFLICTS OF	INTEREST BY ASKING
RECIPIENTS TO LIST FAMILY AND BUSINESS RELATIONSHIPS WITH	H OTHER OFFICERS,
DIRECTORS AND KEY EMPLOYEES. ALL COVERED INDIVIDUALS ARE	E ASKED TO RESPOND
ACKNOWLEDGING RECEIPT OF THE POLICY, THEIR INTENTION TO A	ABIDE BY IT, AND
DISCLOSING ALL ISSUES LISTED IN THE QUESTIONNAIRE.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION WILL MAKE ITS FORM 990 AVAILABLE TO THE	PUBLIC FOR
INSPECTION UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST THE ORGANIZATION WILL PROVIDE ITS GOVERNING	DOCUMENTS,
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO	THE PUBLIC.
FORM 990 PART XII LINE 2C	
THE ORGANIZATION'S PROCESS HAS NOT CHANGED FROM THE PRIOR	R YEAR.