Form **990**

Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	For the	2009 calend	dar year,	or tax year beginning		, 2009, and	l endin	g			<u>, </u>
В	Check if a	applicable	Diagram	C Name of organization					D Employ	er Identi	fication Number
	Addr	ress change	Please use IRS label	A Child Is Mis	sing, Inc.					747	
	Nam	ie change	or print or type.	Number and street (or P C	box if mail is not delivered	d to street addr)	Room/s	uite	E Telepho	ne numb	per
	Initia	al return	See specific	500 S.E. 17th	Street		101		(954	1) 7	63-1288
	Term	nination	Instruc- tions.	City, town or country		State ZIP	code + 4	١ .			
	Ame	ended return		Fort Lauderdal	е	FL 33	316		G Gross re	ceipts \$	1,267,116.
	Appl	lication pending	F Name	and address of principal officer				H(a) Is this	a group returi	for affil	lates? Yes X No
	_		Sherry Fr	iedlande 1201 SE 13th T	errace Fort Laude:	rdale FL 33	316		affiliates incl		Yes No
ī	Tax-e	exempt statu	s X 501	l(c) (3)	no) 4947(a)(1) or 5	27	11 140,	attach a list	(see insi	tructions)
J				missing.org	1.	 		H(c) Group	exemption nu	mber >	•
ĸ	Form o	of organization	X Corpora		ation Other	L Year o	of Forma	tion 199'			egal domicile FL
Pa		Summa				1 .					
				anization's mission or m	ost significant activit	ties Assi	st 1	aw enf	orceme	nt i	.n
0	t	he reco	very o	of missing chil	dren, alzheir	mer's pat	ient	s, and	colle	ge a	students
JJL AtiMtiesalaBovernance											
ř	_								- -		
OVE		Check this bo		if the organization disco		s or disposed	of mor	e than 25°	% of its as		
316				bers of the governing bo						3	
3			•	t voting members of the	governing body (Pari	t VI, line ID)					5
e <u>ž</u>				yees (Part V, line 2a) eers (estimate if necessa	an/)						1 <u>4</u> 0
e∯ :				ousiness revenue from P	-	ine 12				7a	0.
=		-		taxable income from Fo	• • •					7 b	
					,	·			rior Year		Current Year
	8 C	Contributions	and gran	ts (Part VIII, line 1h)					,234,2	23.	1,232,898.
			_	ue (Part VIII, line 2g)				<u> </u>	, 231, 2		1,232,030.
\$		_		art VIII, column (A), lines	3. 4. and 7d)						
A				II, column (A), lines 5, 6	•	1e)			48,2	98.	21,947.
SCANNED			-	nes 8 through 11 (must e)	1	,282,5		1,254,845.
09	13 G	Grants and si	mılar amı	ounts paid (Part IX, colu	mn (A), lines 1-3)						
	14 B	Benefits paid	to or for	members (Part IX, colun	nn (A), line 4)						
~	15 S	Salaries, othe	er comper	nsation, employee benefi	ts (Part IX, column (A), lines 5-10)		682,2	34.	617,166.
Ses	i			ig fees (Part IX, column							
Expenses				nses (Part IX, column (D		140,	792				· · · · · · · · · · · · · · · · · · ·
ũ				X, column (A), lines 11a		110,	,,,,,	·	865,7	96	605,644.
			•	nes 13-17 (must equal P	-	no 25)			,548,0		
		•		s. Subtract line 18 from			==	 			1,222,810.
. 2	19 (reversue sess	expense	s. Subtract line to from		EIVED	\dashv		-265,5		32,035.
Net Assets or Fund Balances	20 -	tal accord	/D==4 V	1C)	80		Q	Begii	ning of Y		End of Year
Ass	1	otal assets (otal liabilitie	•	•	JUN 0	1 2010	SS		123,6		201,117.
ž Š	1		•	•	1 1	2 2010	8	<u> </u>	306,1		351,537.
	22 N rt			ances Subtract line 21 fi		A1 112	E		-182,4	55.	-150,420.
Га	IT L II		ure Blo		J OGDE	14, U	+	 .			
		Under penaltie true_correct, a	of perjury, and complete	I declare that I have examined Declaration of preparer (other	this return, including accom than officer) is based on all	panying schedules I information of wh	s and sta	tements, and arer has any	to the best o knowledge	f my kno	owledge and belief, it is
c:			His .	A This Ol	In a De			ı.			
Sig He	jii re	Somature	of officer	y ruce	ousil_				-		
• • •		-//	4	//							
			ry Fri	edlander d title							
		, , , p o o , p .									
Pa	id										
Pre		Preparer's signature	→ ラ	pertero 5	mell						
	rer's		<u>- pr</u>								
Ùs	е	Firm's name (rence E. Mullin							
On	ly	employed), address, and		SE 15th Terrac	e, Suite 2						
		ZIP + 4		rfield Beach							
Maν	the IR:	S discuss th	is return v	with the preparer shown.	ahove? (see instri						

BAA For Privacy Act and Paperwork Reduction Act Notice, see the sepa

	A Child Is Missing, Inc.	65-0	<u>747870 </u>	Page 2
Part III St	atement of Program Service Accomplishments			
1 Briefly desc	ribe the organization's mission			
	law enforcement in the recovery of missing childre	n		
	mer's patients, and college students.			
	•			
2 D. J. H	anization undertake any significant program services during the year which were no	t listed on the aries	· · ·	
•		t listed on the prior	П "	
Form 990 o			Yes	X No
•	scribe these new services on Schedule O			F1
3 Did the orga	anization cease conducting, or make significant changes in how it conducts, any pro	ogram services?	Yes	X No
	scribe these changes on Schedule O.			
4 Describe the	e exempt purpose achievements for each of the organization's three largest progran	n services by expense	s Section 50	1(c)(3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of cand revenue, if any, for each program service reported.	grants and allocations	to otners, the	totai
expenses, e	and revenue, if any, for each program service reported.			
··· · · ·				
4a (Code	(Expenses \$ 1,018,369. including grants of \$	0.) (Revenue	\$	0.)
A Child	Is Missing assists law enforcement in search and	early recover	Y	
efforts	for missing children, elderly (often with Alzheimer	's),		
college	students(on campus)or disabled individuals throug	h the use		
of rapi	d response telephony systems, with benefits from th	e institution		
Service	es. This is done the first hours of their disappeara	nce		
	on programs for law enforcement and others			
41- (0-1-	VE us among the second of the) (Davisaria	*	,
4b (Code) (Expenses \$ including grants of \$			
				- -
		···		
4c (Code) (Expenses \$ including grants of \$) (Revenue	\$)
				
4d Other progr	ram services. (Describe in Schedule O)			
(Expenses	\$ including grants of \$) (I	Revenue \$)
	ram service expenses ► 1,018,369.			

Form 990 (2009) A Child Is Missing, Inc 65-0747870 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 for public office? If 'Yes,' complete Schedule C, Part I Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 6 X Part I 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes, complete 9 X Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V10 X 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 X X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 169 If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 Α X 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 Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 18

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

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

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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line 1

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65-0747870 Page 4 Form 990 (2009) A Child Is Missing, Inc. **Checklist of Required Schedules** (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 X Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 X 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34

Note. All Form 990 filers are required to complete Schedule O 38 BAA Form 990 (2009)

is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

organization? If 'Yes,' complete Schedule R, Part V, line 2

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X

X

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			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			l
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
	b If 'Yes,' enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x	
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		x
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.			 -
	a Did the organization make any taxable distributions under section 4966?	9 a		x
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b		X
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			1
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			1
	a Gross income from other members or shareholders		,	1
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form **990** (2009)

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.

Sec	tion A.	Governing Body and Management						
	•				Yes	No		
1 a	Enter the	number of voting members of the governing body	1a 6					
b	Enter the	number of voting members that are independent	1b 5					
2	Did any o	fficer, director, trustee, or key employee have a family relationship or a business rela rector, trustee or key employee?	ationship with any other	2		×		
3	Did the o	ganization delegate control over management duties customarily performed by or un directors or trustees, or key employees to a management company or other persor	der the direct supervision	3				
4		rganization make any significant changes to its organizational documents	ı <i>'</i>	4		X		
7		prior Form 990 was filed?				_		
5		rganization become aware during the year of a material diversion of the organization	's assets?	5		х		
		organization have members or stockholders?	3 433013	6		x		
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
ь	•	lecisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7a 7b		x		
8	Did the o	ganization contemporaneously document the meetings held or written actions underlying	taken during the year by			,		
а		rning body?		8a	X			
	•	nmittee with authority to act on behalf of the governing body?		8b		x		
	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who can ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9				
Sec		Policies (This Section B requests information about policies not	required by the Internal			<u> </u>		
	nue Code	·						
				$\overline{}$	Yes	No		
		organization have local chapters, branches, or affiliates?		10a		<u> </u>		
b	If 'Yes,' o and bran	oes the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b				
11	Has the o	rganization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11	Х			
11 <i>A</i>	Describe	in Schedule O the process, if any, used by the organization to review this Form 990				- 1		
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X			
ь	Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests the $^{\circ}$	hat could give rise	12b		x		
c	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12c		х		
13	Does the	organization have a written whistleblower policy?		13		x		
14	Does the	organization have a written document retention and destruction policy?		14	х			
15	Did the p	rocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent					
		nization's CEO, Executive Director, or top management official		15a	x			
	•	cers of key employees of the organization		15b				
		line 15a or 15b, describe the process in Schedule O (See instructions)						
16 a	Did the o	ganization invest in, contribute assets to, or participate in a joint venture or similar a	arrangement with a taxable	16a		x		
ь	If 'Yes,' h	as the organization adopted a written policy or procedure requiring the organization t	o evaluate its participation	100				
	status wi	enture arrangements under applicable federal tax law, and taken steps to safeguard to herespect to such arrangements? Disclosures	ne organization's exempt	16b				
18	Section 6	lates with which a copy of this Form 990 is required to be filed Florida 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an	 d 990-T (501(c)(3)s only) ava	– – – Ilable	for pu	 blic		
	inspection	Indicate how you make these available Check all that apply website			. J. Pu	-		
10					c	1		
	statemen	in Schedule O whether (and if so, how) the organization makes its governing docume its available to the public				ıaı		
		name, physical address, and telephone number of the person who possesses the bo		zation 54) 7		1288		
	· =	·						

Form 990 (2009)

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

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

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

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

(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	Po advided frages		Check Offi:		A erriployee	y)	Reportable compensation from the organization (W-2/1099-MiSC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Sherry Friedlander Chairman of the Board	40.00	v			<u> </u>			94,320.	0.	0.
David H. Lindemann President	5.00							0.	0.	0.
Barry Mowell Vice President	5.00							0.	0.	0.
Darren Spielman Secretary	5.00							0.	0.	0.
Peggy Nordeen Advisory Board	5.00							0.	0.	0.
Randy Avon Advisory Board	5.00	x						0.	0.	0.
									·,	
		- ·-								
BAA			EEA	:						

TEEA0107 11/10/09

Part VII Section A. Officers, Directors, Trus		\ <u>\</u>				cs,	aiii			
(A)	(B) Average	Posi	tion (c) call t	hat ai	nnlv)	(D)	(E)	(F)
. Name and Title	hours per week			Officer	_		-	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
										
									,,,	-
										<u> </u>
•									*	
									·-	
	-									
1 b Total	<u> </u>	L	ا				_	94,320.	0.	0
2 Total number of individuals (including but not limited from the organization ►	to those	e list	ted a	abov	/e) v	vho	rece		100,000 in reportab	
3 Did the organization list any former officer, director	or truste	e, k	еу е	mpl	oye	e, or	hıgl	hest compensated	employee	Yes No
on line 1a ³ If 'Yes,' compléte Schedule J for such in. 4 For any individual listed on line 1a, is the sum of repartite organization and related organizations greater the		com	pen)? //	satio	on a	nd o	other	compensation from Schedule J for su	om ch	3 X
<i>individual</i>Did any person listed on line 1a receive or accrue co										4 X
rendered to the organization? If 'Yes,' complete Sch	edule J	for s	uch	per.	son	ili Cit	ateu			5 X
Complete this table for your five highest compensate compensation from the organization.	ed indep	ende	ent o	conti	racto	ors t	hat	received more tha	n \$100,000 of	
(A) Name and business addres					 -			(B) Description)	(C)
manie dilu pusiness duules								Description (DI DEIVICES	Compensation
2 Total number of independent contractors (including t	out not li	mite	d to	tho	se I	stec	d abo	ove) who received	more than	

1 41		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 a 1 b 1 c 1 d 1 c 1 d 1 d 1 d 1 d 1 d				
ONTR	g Noncash contribus included in las 1a-1f				;
$\overline{}$	h Total. Add lines 1a-1f Business Code	1,232,898.			1
PROGRAM SERVICE REVENUE	2a				
RE	b				
VICE	c				
SEF	d				
RAM	e				<u> </u>
80	f All other program service revenue g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 			· · · · · · · · · · · · · · · · · · ·	
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)	····			· '
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)		 		
	d Net gain or (loss)			<u>-</u>	
ENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
OTHER REVEI	See Part IV, line 18 a 33,418.				
E	b Less. direct expenses b 12,271.				
ò	c Net income or (loss) from fundraising events	21,147.	21,147.	0.	0.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				-
	11a ADVERTISING 541800	800.	800.	0.	
	p	800.	800.	 	0.
	c	-			
	d All other revenue				
	e Total. Add lines 11a-11d	800.			
	12 Total revenue. See instructions	1,254,845.	21,947.	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) but are not required to complete columns (B), (C), and (D).

An other organizations must com	The continue of the continue o	- Tot required to compi	Co.u (D); (O); u.i.u	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	162,685.	143,821.	9,432.	9,432.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	366,795.	335,497.	28,380.	2,918.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) .	300,733.	3337237.	20,300.	2,710.
9 Other employee benefits	46,529.	42,121.	3,323.	1,085.
10 Payroll taxes	41,157.	37,258.	2,939.	960.
11 Fees for services (non-employees)				
a Management		_		
b Legal			-	
c Accounting	7,194.	7,194.	0.	0.
d Lobbying	115,473.	0.	0.	115,473.
, <u> </u>	115,4/3.	0.	<u> </u>	115,4/3.
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees				
g Other			-	
12 Advertising and promotion	175.	175.	0.	0.
13 Office expenses	5,457.	4,638.	819.	0.
14 Information technology		-		
15 Royalties				
16 Occupancy	56,309.	56,309.	0.	0.
17 Travel	90,030.	81,028.	4,501.	4,501.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,688.	0.	6,688.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,932.	4,932.	0.	0.
23 Insurance				
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				; , !
a LAW ENFORCEMENT TRAINING	70,350.	70,350.	0.	0.
b BANK CHARGES	239.	0.	239.	0.
c_CONSULTING_	1,060.	1,060.	0.	0.
d CONTRACT SERVICES	65,764.	65,764.	0.	0.
e CHILD SAFETY TRAINING	13,050.	13,050.	0.	0.
f All other expenses	168,923.	155,172.	7,328.	6,423.
25 Total functional expenses. Add lines 1 through 24f	1,222,810.	1,018,369.	63,649.	140,792.
26 Joint costs. Check here ► If following	_,,	_,,,		1.0,102.
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	·			Form 990 (2009)

Form 990 (2009) A Child Is Missing, Inc. 65-0747870 Page 11 Balance Sheet (A) Beginning of year (B) End of year 107,759 1 190,872. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 350 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a 151,203 Complete Part VI of Schedule D 10b 14,801 10 c **b** Less accumulated depreciation. 141,707 9,496. 11 11 Investments - publicly-traded securities 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 749. 15 749. 123,659 201,117. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 38,418. 17 65,890. 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 147,357. 23 165,308. 24 Unsecured notes and loans payable to unrelated third parties 120,339 24 120,339. Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 306,114 26 351,537. Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. ASSETS 27 Unrestricted net assets -182,455 27 -150,420. Temporarily restricted net assets 28 29 Permanently restricted net assets 29

BALANCES 34 Total liabilities and net assets/fund balances

30

31

33

lines 30 through 34.

Total net assets or fund balances

Organizations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

P

FUZD

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201,117. Form 990 (2009)

-150,420.

30

31 32

33

34

-182,455.

123,659

and complete

Form 990 (2009) A Child Is Missing, Inc. 65-0	747870	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 [.] Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			1
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
b Were the organization's financial statements audited by an independent accountant?	2b		х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit, 2c		х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			,
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, separate basis, or both:	on a		
Separate basis Consolidated basis Both consolidated and separate basis	l		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle 3a	х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	х	

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury-Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Child Is Missing, Inc. 65-0747870 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or 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) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described x in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type II Type III — Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (iii) Type of organization (described on lines 1.9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of your support? (i) Name of Supported (ii) EiN (iv) is the (vi) Is the (VII) Amount of Support organization in col (i) organized in the US? Organization rganization in col (i) listed in your governing document? Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you shooks	al the hey on line t	7 or 9 of Dord	1)	(-)(-)(-)(-)		· / · · / ·	()			
Sec	(Complete only if you checke tion A. Public Support	a the box on line t	5, 7, or 8 or Part								
Cale begi	ndar year (or fiscal year nning in)`►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	I		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	707,503.	828,343.	1,315,614.	1,330,819.	1,254,8	45.	5,437,	124.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf										
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge										
4	Total. Add lines 1-through 3	1,315,614.	1,330,819.	1,254,8	45.	5,437,3	124.				
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)										
	Public support. Subtract line 5 from line 4							5,437,	124.		
<u>Sec</u>	tion B. Total Support	-		,							
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	<u> </u>		
7	Amounts from line 4	707,503.	828,343.	1,315,614.	1,330,819.	1,254,8	45.	5,437,	124.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources										
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
11	Total support. Add lines 7 through 10							5,437,	124.		
12	Gross receipts from related activi	ties, etc (see inst	ructions)				12				
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501	l(c)(3))	► □		
Sec	tion C. Computation of Pul	blic Support P	ercentage								
14	Public support percentage for 200	09 (line 6, column	(f) divided by line	e 11, column (f)			14	100.0	0 %		
15	Public support percentage from 2	2008 Schedule A, F	Part II, line 14				_15_	100.0	0 %		
16 a	33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or more	e, che	ck this box	► x		
t	b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
17 a	17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
t	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar	nd-circumstances	test, check this b	oox and stop here	. Explain in F	Part IV		- 🗀		
18 BAA	Private foundation. If the organiz	zation did not chec	k a box on line,	13, 16a, 16b, 17a,				ructions 90 or 990-EZ	2009		

Section D. Computation of Investment Income Percentage

- Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2008 Schedule A, Part III, line 17
- 19a 33-1/3 support tests 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
 - b 33-1/3 support tests 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

% %_

Schedule A	(Form	990 or	990-E	Z) 2009	A	Child	Is	Mia	ssing	Inc.		65-0747870	Page 4
Part IV	Supp Part	olemei II, line	ntal lı e 17a	nforma or 17b	ation. o; and	Comp Part I	lete II, lii	this ne 12	part to 2. Prov	provide	the explanations re other additional info	equired by Part II, ormation. See inst	line 10; tructions.
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

		ganizations: Complete Part III.	CII		
	of organization	gamzationo comprete i art ini	<u> </u>	Employer identifica	ation number
A C	hild Is Missing, I	inc.		65-074787	0
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
		organization's direct and indirect political ca			
2	Political expenditures			► \$	
3	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exce	se tax incurred by the organization under se	ection 4955	▶ \$	
2	Enter the amount of any exci	se tax incurred by organization managers u	nder section 4955	► \$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4 a	Was a correction made?	••			Yes No
b	If 'Yes,' describe in Part IV				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c) , except	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities > \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other or	rganizations for section	on 527 exempt ► \$.
3	Total of exempt function expe	enditures Add lines 1 and 2 Enter here and	d on Form 1120-POL,	≻ \$	
4	Did the filing organization file	Form 1120-POL for this year?		•	Yes No
5	Enter the names, addresses	and employer identification number (EIN) o	f all section 527 polition	cal organizations to whi	ch payments were
	made. For each organization contributions received that we	listed, enter the amount paid from the filing ere promptly and directly delivered to a sep e (PAC). If additional space is needed, prov	ı organızatıon's funds. arate political organiz	. Also enter the amount ation, such as a separa	of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					<u> </u>

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009				65-0747	
Part II-A Complete if t section 501(i		n is exempt under se	ection 501(c)(3) an	d filed Form 5768 (ele	ction under
<u></u> -		ongs to an affiliated group			
— '		cked box A and 'limited cor	ntrol' provisions apply		
•	Limits on Lobby	ing Expenditures — ans amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditui		<u>-</u>		0.	
• = :		egislative body (direct lobb)		115,473.	
c Total lobbying expenditui		= :	J	115,473.	
d Other exempt purpose ex	•			1,018,369.	
e Total exempt purpose ex	•	nes 1c and 1d)		1,133,842.	
f Lobbying nontaxable ame	ount. Enter the am	ount from the following tab	le ın	188,384.	
If the amount on line 1e, colu	mn (a) or (b) is	The lobbying nontaxable a	amount is		, , , ,
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the excess	s over \$500,000		
Over \$1,000,000 but not over \$1	1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000		
Over \$1,500,000 but not over \$1	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	mount (enter 25%	of line 1f)		47,096.	
h Subtract line 1g from line	e 1a. If zero or les	s, enter -0-		0.	
i Subtract line 1f from line	1c If zero or less	, enter -0		0.	-
j If there is an amount oth section 4911 tax for this	er than zero on ei year?	ther line 1h or line 1i, did th	e organization file Forr	m 4720 reporting	Yes No
(Som	e organizations th colum	4-Year Averaging Period nat made a section 501(h) e nns below. See the instruct	lection do not have to	complete all of the five gh 2f.)	
	Lot	bying Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	-				
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule **C** (Form 990 or 990-EZ) 2009

BAA

65-0747870 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If 'Yes,' describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.' Dues, assessments and similar amounts from members 1 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2 a 2 b **b** Carryover from last year c Total 2 c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) | Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2009 A Child Is Missing, Inc. Supplemental Information (continued)	65-0747870 F	Page 4
Part IV	Supplemental Information (continued)		
-			
	•		
- -			
			_•

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

2009 Open to Public

Inspection
Employer Identification number

A. (Child Is Missing, Inc.			65-0747870
Paı		r Advised Funds or Other to Form 990, Part IV, line	Similar Funds or Acc	ounts Complete if
		(a) Donor advised fu		unds and other accounts
1	Total number at end of year	,,,,		
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits.	he benefit of the donor or donor	that grant funds may be advisor or for any other	∭Yes
Pai	t II Conservation Easements Compl		wered 'Yes' to Form 9'	
	Purpose(s) of conservation easements held by			50, 1 arc 1v, mic 7.
•	Preservation of land for public use (e.g., r	` ` _	Preservation of an historical	ally important land area
	Protection of natural habitat	ecreation of pleasure)	Preservation of certified his	
	Preservation of open space	L	Ji reservation of certified in	storic structure
2		on held a qualified conservation o	contribution in the form of a	conservation easement on the
_	last day of the tax year			
				Held at the End of the Year
ā	Total number of conservation easements		2a	
ı	Total acreage restricted by conservation easer	nents	2b	
•	Number of conservation easements on a certif	ied historic structure included in	(a) 2c	
•	Number of conservation easements included in	n (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified, year ►	transferred, released, extinguishe	ed, or terminated by the orga	anization during the tax
4	Number of states where property subject to co	nservation easement is located !	·	
5	Does the organization have a written policy reand enforcement of the conservation easement	it it holds?		ions, Yes No
6	Staff and volunteer hours devoted to monitoring the year >	g, inspecting, and enforcing con	servation easements	
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conserva	ation easements \$ _	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section	Yes No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote t conservation easements	orts conservation easements in i o the organization's financial stat	ts revenue and expense stat ements that describes the o	tement, and balance sheet, and rganization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Towered 'Yes' to Form 990,	reasures, or Other Sin Part IV, line 8.	nilar Assets
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial stateme	ic exhibition, education, or resea	venue statement and baland rch in furtherance of public s	te sheet works of art, historical service, provide, in Part XIV,
ı	o If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	SFAS 116, to report in its reven ic exhibition, education, or resea	ue statement and balance sl rch in furtherance of public :	neet works of art, historical service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		►\$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other s 116 relating to these items	ımılar assets for fınancıal ga	in, provide the following
i	a Revenues included in Form 990, Part VIII, line	1		► \$
ı	Assets included in Form 990, Part X			► \$

Part III Organizations Mainta	ining Collect	ions of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply).	on accession and	d other records, check	cany of the following that	nt are a significant use o	of its collection
a Public exhibition		d Loan	or exchange programs		
b Schòlarly research		e 📙 Other			 _
c Preservation for future genera					
4 Provide a description of the organ Part XIV	nization's collecti	ions and explain how	they further the organiza	ation's exempt purpose	ın
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be	maintained as part of	the organization's colle	ction?	Yes No
Part IV Escrow and Custodia	l Arrangeme	nts Complete if o	rganization answer	ed 'Yes' to Form 99	90, Part IV, line
9, or reported an amo	unt on Form	990, Part X, line	21.	· -	
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, c	or other intermediary t	for contributions or other	assets not	Yes No
b If 'Yes,' explain the arrangement	ın Part XIV and	complete the followin	g table		
					Amount
c Beginning balance				1c	
d Additions during the year				1d	
e Distributions during the year					
f Ending balance					
			∐ Yes ☐ No		
b If 'Yes,' explain the arrangement			- J.V. al ta Farma 00	0. Dark IV. June 10.	
Part V Endowment Funds Co					1 () 5
	(a) Current yea	ar (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					<u>'</u>
e Other expenditures for facilities and programs	·				,
f Administrative expenses					<u> </u>
g End of year balance					1
2 Provide the estimated percentage	-	balance held as			
a Board designated or quasi-endow	ment ►				
b Permanent endowment ►	%				
c Term endowment ►	%				
3a Are there endowment funds not in organization by.	n the possession	of the organization t	hat are held and adminis	tered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related o	_	•			3b
4 Describe in Part XIV the intended					
Part VI Investments—Land, B					. <u></u>
Description of investment	(a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land	<u> </u>				
b Buildings					
c Leasehold improvements					
d Equipment			151,203.		151,203.
e Other					
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, co	lumn (B), line 10(c))	<u> </u>	151,203.
BAA				Sched	dule D (Form 990) 2009

Schedule D (Form 990) 2009 A Child Is Missing, Inc.

65-0747870

Page 2

Schedule D (Form 990) 2009 A Child Is Missin	g, Inc.	65-0747870 Page
Part VII Investments—Other Securities See Fo		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of Crid of Year Market Value
Closely-held equity interests		
Other		
	·	
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)		
Part VIII Investments—Program Related (See f		e 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
		
		·
· · · · · · · · · · · · · · · · · · ·		
		-
·	I	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)		
Part IX Other Assets (See Form 990, Part X,	line 15)	
(a) De	scription	(b) Book value
DEPOSITS		749
Total. (Column (b) must equal Form 990, Part X, col (B), Irr Part X Other Liabilities (See Form 990, Part		▶
		T
(a) Description of Liability Federal Income Taxes	(b) Amount	
rederal income Taxes		
		-
		┥
		┥
	 	┥
	· 	┥
		┥
		╡
	- 	┪
		┪
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		-
2. FIN 48 Footpote. In Part XIV, provide the text of the footpot	ote to the organization's fir	nancial statements that reports the organization's liability
for uncertain tax positions under FIN 48	15 515 51 gainzation 5 III	statements that reports the organization's hability

Schedule D (Form 990) 2009 A Child is Missing, Inc.	30 I. E	65-07478	70 Page 4
Part XI Reconciliation of Change in Net Assets from Form 99	to Financial Statem	<u>ients</u>	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	•		1,254,845.
2 Total expenses (Form 990, Part IX, column (A), line 25)		 ,	1,222,810.
3 Excess or (deficit) for the year Subtract line 2 from line 1			32,035.
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)		<u> </u>	
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements Combine			32,035.
Part XII Reconciliation of Revenue per Audited Financial Stat	tements with Revenu		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 - 1		
a Net unrealized gains on investments .	_ 2a		
b Donated services and use of facilities			
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4 b		
c Add lines 4a and 4b .		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part XIII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2 c		
d Other (Describe in Part XIV)	2 d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line	e 18_)	5	
Part XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·		-
Complete this part to provide the descriptions required for Part II, lines 3, 5, and line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line information	d 9; Part III, lines 1a and 4; es 2d and 4b Also complete	Part IV, lines 1b an	d 2b, Part V, any additional
	··		

Schedule D (Form 990) 2009 A Child Is Missing, Inc. Part XIV Supplemental Information (continued)	65-0747870	Page 5
Part XIV Supplemental Information (continued)		
,		
		- .
		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization						
A Child Is Missing, Inc.					65-074787	0
Part I Fundraising Activities. Comp Form 990EZ filers are not req	lete if the organ uired to comple	ization and te this part	swered 'Ye	es' to Form 990, Part IV,	line 17	
Indicate whether the organization is	raised funds thre	ough any c	of the follow	ving activities Check al	I that apply	
Mail solicitations		- •		Solicitation of non-g		
Internet and email solicitations	•			Solicitation of gover	•	
 -	•			_	-	
Phone solicitations				Special fundraising	events	
In-person solicitations						
2a Did the organization have written of employees listed in Form 990, Par	or oral agreeme	nt with any	individual	l (including officers, dire	ctors, trustees or key	☐Yes ☐No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or enti ne organization	ties (fundr	aisers) pur	rsuant to agreements ur	nder which the fundraise	er is to be
		() 0.4			(v) Amount paid to	6.35 A
(i) Name of Individual or entity (fundraiser)	(ii) Activity	have custor	fundraiser ly or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or entity (tundraiser)	ļ	of contr	ibutions?	nom activity	col (ı)	organization
	 	Yes	No			
		100	 •			
	 	 		·		
	1	-				
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	1					
		1				
		İ			•	
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				;		
		<u> </u>				
Total			•			
3 List all states in which the organiz	ation is register	ed or licen	sed to soli	cit funds or has been no	otified it is exempt from	registration
or licensing						
	_ 					
						.
			-		 	

Par	t II	Fundraising Events. Complete of reported more than \$15,000 on F	the organization at orm 990-EZ line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, II gross receipts grea	ne 18, o ater tha	or in \$5.0(00.
			(a) Event #1	(b) Event #2	(c) Other Events	(d) T (Add co	otal Ever	nts
R E V		•	(event type)	(event type)	(total number)			
かい アート アード	1	Gross receipts						
E	2	Less: Charitable contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes			,			
	5	Noncash prizes						
D I RECT	6	Rent/facility costs					·	
	7	Food and beverages				<u> </u>		
E X P	8	Entertainment						
EXPENSES	9	Other direct expenses				i -		
S	10	Direct expense summary Add lines 4- th			•			
	11	Net income summary. Combine lines 3, c			<u> </u>	1		
Par	† III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a		s' to Form 990, Pa	rt IV, line 19, or re	ported i	more th	nan
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add co	otal gam ol (a) thr col (c))	ough:
	1	Gross revenue						
E D X I P	2	Cash prizes						· · · · · · · · · · · · · · · · · · ·
D P E N S E S	3	Non-cash prizes						
S	4	Rent/facility costs				ļ		
	5	Other direct expenses			_			
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		•			
	8	Net gaming income summary Combine I	ines 1, column (d) and I	ine 7	>			,
9	Ente	er the state(s) in which the organization op	erates gaming activities	::			YES	NO
		ne organization licensed to operate gaming	activities in each of the	ese states?			9a	
	/ TI C	lo,' explain.						
		e any of the organization's gaming license (es,' explain:	s revoked, suspended o	r terminated during the	tax year?	1	0a	
11	 Doe	s the organization operate gaming activities	s with nonmembers?				1	
12	is th	ne organization a grantor, beneficiary or truninister charitable gaming?		mber of a partnership or	other entity formed to	1	2	

Schedule G (Form 990 or 990-EZ) 2009 A Child Is Missing, Inc.

65-0747870

Page 2

Schedule G (Form 990 or 990-EZ) 2009 A Child Is Mis	ssing, Inc.	65-0747870	F	Page 3
			YES	NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13	a %		'
b An outside facility	. 13	b %		
14 Enter the name and address of the person who prepares t	he organization's gaming/special events boo	ks and records:		1
Name •				
Address.				
15a Does the organization have a contact with a third party fro			5a	
b If 'Yes,' enter the amount of gaming revenue received by t		and the amount		ļ
of gaming revenue retained by the third party \$	·			Ì
c If 'Yes,' enter name and address of the third party			ı	,
Name •				1
Address				Ι,
16 Gaming manager information				
Name			-	}
				l .
Gaming manager compensation \$			1	
				'
Description of services provided.				1
☐ Director/officer ☐ Employee	Independent contractor		:	
17 Mandatory distributions				'
a Is the organization required under state law to make charistate gaming license?	stable distributions from the gaming proceeds		7 a	
b Enter the amount of distributions required under state law	to be distributed to other exempt organization	ons or spent in the		1
organization's own exempt activities during the tax year	·			
BAA	TEEA3703 02/05/10	Schedule G (Form 990 c	r 990-EZ	2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

A Child Is Missing, Inc.	55-0747870
Pt VI-A, Line 8b Minutes are taken during all board meetings and mainta	
Pt VI-B, Line 11A The form is reviewed with board member prior to	filing
Pt_VI-B, Line_15_Officer_compensation is approved by board members_	and reflected in minutes
	· ·

Supporting Statement of:

Form 990 p 9/Government Grants

Description	Amount
Federal Grant	915,071.
FL State Spcific	232,461.