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DLN: 93493014010373

1,087,009

Beginning of Current

Year

-36,338

159,767

478,307

-318,540

1,027,321

End of Year

-5,958

48,487 372,985

-324,498

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)

OMB No 1545-0047

Open to Public

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number B Check if applicable A Child Is Missing Inc Address change 65-0747870 E Telephone number Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 1,022,116 Terminated ✓ Amended return City or town, state or country, and ZIP + 4 Fort Lauderdale, FL 33316 Application pending Name and address of principal officer Is this a group return for Sherry Friedlander ┌ Yes ┌ No affiliates? H(b) Are all affiliates included? □ Yes □ No If "No." attach a list (see instructions) **▼** 501(c)(3) 501(c) () **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number > Website: ► achildismissing org K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1997 M State of legal domicile FL Part I Summarv Briefly describe the organization's mission or most significant activities Assist law enforcement in the recovery of missing children alzheimers patients and college students Activities & Governance Check this box 📭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 5 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 14 6 Total number of volunteers (estimate if necessary) 6 28 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 1,052,767 1,018,224 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -2,096 3,139 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1,050,671 1,021,363 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 534,358 482,790 **Expenses** Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 16a Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 37,557$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 552,651 544,531

Net assets or fund balances Subtract line 21 from line 20 Signature Block

18

19

20

21

22

(Assets or defined by the control of the control of

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

Total assets (Part X, line 16)

Total liabilities (Part X, line 26)

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 18 from line 12 . . .

Sign	Signature of officer								
Here	Sherry Friedlander CEO								
	Type or print name and title								
Paid	Preparer's signature Christian Parks CPA	Date							
Preparer's Use Only	ıf self-employed),								
OSC OIIIY	address, and ZIP + 4 7 1761 W Hillsboro Boulevard Ste 326								
	Deerfield Beach, FL 33442								

May the IRS discuss this return with the preparer shown above? (see instructio

1 01111	990 (2011)				Page Z
Par			ce Accomplishments onse to any question in this Part I.	11	
1	Briefly describe th	e organization's mission			
Assı	st law enforcement i	n the recovery of missing	children alzheimers patients and	college students	
2	Did the organization the prior Form 990		nt program services during the ye	ar which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	hese new services on Sc	nedule O		
3		n cease conducting, or m	ake sıgnıfıcant changes ın how it c	conducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Schedu	le O		
4	expenses Section	501(c)(3) and 501(c)(4)	accomplishments for each of its to organizations and section 4947 (a spenses, and revenue, if any, for each of the section and revenue, if any, for each of the section and revenue, if any, for each of the section and revenue, if any, for each of the section and revenue, if any, for each of the section and revenue, if any, for each of the section and revenue, if any, for each of the section and revenue, if any, for each of its to organize the section and revenue, if any, for each of its to organize the section and revenue, if any, for each of its to organize the section and revenue, if any, for each of its to organize the section and revenue, if any, for each of its to organize the section and revenue, if any, for each of its to organize the section and revenue, if any, for each of its to organize the section and revenue, if any, for each of the section and revenue, its angle of the section and revenue, its angle of the section and revenue, its any, for each of the section and revenue, its any, for each of the section and revenue, its answer and revenue, its any, for each of the section and revenue, its any, for each of the section and revenue, its analysis and revenue, its angle of the section and revenue, its analysis a	a)(1) trusts are required to re	port the amount of
	(Code) (Expenses \$	857,003 including grants of \$) (Revenue \$)
74	,	, , , ,	and early recovery efforts for missing chile	, , , , ,	college students on campus or
	disabled individuals th	rough the use of rapid respons	e telephony systems with be nefits from to n programs for law enforcement and othe	the institution services This is done	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other program co	rvices (Describe in Sche	dula O)		
TU	(Expenses \$	•	ding grants of \$) (Revenue \$)
45				, (γ	,
4e	Total program sei	vice expenses = \$	857,003		

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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	Yes	
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		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
U	That least one is reported on line 2a, aid the organization line an required lederal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country 🛌			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			_
<i>e</i> -	Does the organization have applied areas assessed that are a smaller areas that they take 200 and 1 1 1 1	5c		NI -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	75	103	
J	file Form 8282?	7c		No
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 contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	711		
•	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders			
D	sources against amounts due or received from them)			
42-	<u> </u>	13-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
D	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ction 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		110
	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
ь	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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶FL			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website 🔽 Another's website 🔽 Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Figure 1. Sherry Friedlander

500 SE 17th Street

Fort Lauderdale, FL 33316

(954)763-1288

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

• 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) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(1) Betty Payton Director	5 00	х						0	0	0
(2) Darren Spielman Presidemt amd Treasurer	5 00	х		х				0	0	0
(3) Michael Hoffman Secretary	5 00	х		х				0	0	0
(4) Micki Lindeman Vice President	5 00	х		х				0	0	0
(5) Sherry Friedlander Chairman of the Board	40 00	х		х		х		95,726	0	0
(6) Andrea Taylor Comptroller	40 00				х			60,000	0	0

\$100,000 of compensation from the organization \blacktriangleright

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e thai	n one son er ai	e bo ıs b nd a	x, oth)	•	(D) Reportable compensatior from the organization (V 2/1099-MISC	from related /- organizations	5	(F) Estima amount o compens from to organizati	ated fother sation the ion and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC		organiza	
1b c	Sub-Total	to Part VII Soc	tion A		•			▶					
d					<u></u>			•	155,72	26	0		0
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lım	nited to	thos		ted	above) who	received more	than	l		
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					ey e	mploy •	ee, o •	or highest compe	nsated employee	3	Yes	No No
4	For any individual listed on line 1 organization and related organization and related organization.										4		No
5	Did any person listed on line 1a services rendered to the organiz										5		No
Se	ction B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio											
	Nan	(A) ne and business add	dress						Di	(B) escription of services		(C Comper	

Form 990 (2011) Page S							
Part V	<u> </u>	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514	
<u> </u>	1a	Federated campaigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
S, G	С	Fundraising events 1c 9,337					
<u>≅</u> ,≅	d	Related organizations 1d					
Ę,	e	Government grants (contributions) 1e 917,856					
atio er s	f	All other contributions, gifts, grants, and similar amounts not included above					
ξŧ	g	Noncash contributions included in					
<u> </u>	h	Innes 1a-1f \$ Total. Add lines 1a-1f	1,018,224				
<u>O 46</u>	"		1,010,221				
Tile	2a	Business Code	1				
e.	ь						
<u>ж</u>	c						
ž	d						
ð E	e						
Program Service Revenue	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(1) Real (11) Personal Gross rents	1				
	ь	Less rental	-				
	l c	expenses Rental income	1				
	d	or (loss) Net rental income or (loss)	-				
		(i) Securities (ii) Other					
	7a	Gross amount from sales of	1				
		assets other than inventory					
	ь	Less cost or	1				
		other basis and sales expenses	1				
	C	Gain or (loss) Net gain or (loss)	-				
	d 8a	Gross income from fundraising					
o		events (not including					
Other Revenue		\$9,337 of contributions reported on line 1c)					
ě		See Part IV, line 18					
ω	ь	3,892 Less direct expenses b 753	1				
돌	c	Less direct expenses b 753 Net income or (loss) from fundraising events b	3,139			3,139	
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	ь	Less direct expenses b	1				
	c	Net income or (loss) from gaming activities	1				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b	1				
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue Business Code	_				
	11a	Advertising 54180	7				
	b						
	C	All other revenue					
	d e	All other revenue					
	12	Total revenue. See Instructions	1,021,363	0	0	3,139	

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)

Do no	heck if Schedule O contains a response to any question in this Part IX of include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	95,726	87,132	4,297	4,297
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	334,010	299,632	17,188	17,190
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	17,649	15,885	882	882
10	Payroll taxes	35,405	31,865	1,770	1,770
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	16,500		16,500	
d	Lobbying	59,716		59,716	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	17,536	15,653	1,765	118
14	Information technology				
15	Royalties				
16	Occupancy	52,888	47,600	2,644	2,644
17	Travel	63,988	57,590	3,199	3,199
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,618		8,618	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,564	4,219	197	148
23	Insurance	7,155	5,659	855	641
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Law Enforcement Training	42,575	42,575		
b	Bank Charges	1,280		1,280	
c	Child Safety Training	16,175	16,175		
d	Contract Services	114,669	107,487	7,182	
e					
f	All other expenses	138,867	125,531	6,668	6,668
25	Total functional expenses. Add lines 1 through 24f	1,027,321	857,003	132,761	37,557
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash—non-ınterest-bearıng 146,108 9,410 1 2 2 3 39.077 3 4 1,500 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 6.846 9 Prepaid expenses and deferred charges 151.203 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 151,203 4.564 **10c** b Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 . . 13 14 14 749 15 15 159.767 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 48.487 42.905 28.454 **17** Accounts payable and accrued expenses . 17 18 18 107,755 19 19 24,884 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 140.339 140.339 22 187,308 23 179,308 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 25 D 478,307 26 **Total liabilities.** Add lines 17 through 25 26 372,985 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. -348,377 27 Unrestricted net assets 27 -348,998 29.837 28 Temporarily restricted net assets 28 24,500 or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ -318.540 33 Total net assets or fund balances 33 -324.498 48,487 34 159,767 Total liabilities and net assets/fund balances 34

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.0	021,36
2	Total expenses (must equal Part IX, column (A), line 25)	2			27,32
3	Revenue less expenses Subtract line 2 from line 1	3			-5,95
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		- 3	318,540
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		- 3	324,498
Par	The triangle of the contains a response to any question in this Part XII		•		
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

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.

Public Charity Status and Public Support

Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** Name of the organization A Child Is Missing Inc

65-0747870 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 section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 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.)

1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) The section included (e) 2011 (f) The section included (e) 2011 (f) The section is a section included (e) 2011 (f) The section is a section included (e) 2011 (f) The section is a section included (e) 2011 (f) The section included (e) 2011 (f) The section is a sectio	otal 5,960,083 5,960,083
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Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total year (c) 2009	5,960,083
Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) T	
beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) 1	
	otal
7 A mounts from line 4 1,315,614 1,330,819 1,254,845 1,050,671 1,008,134	5,960,083
8 Gross income from interest,	3,500,003
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 (Explain in Part	
IV) Do not include gain or loss	
from the sale of capital assets	
11 Total support (Add lines 7 through 10)	5,960,083
	13,229
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization,	13,223
check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 100	000 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	000 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	
	▽
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check t	his
box and stop here. The organization qualifies as a publicly supported organization	► □
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14	
is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain	
in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line	
15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here.	
Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly	
supported organization ▶ ☐	-
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see	-

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493014010373

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

f the organization answered "Yes	s," to Form 990, Part I\	V, Line 3, or Form 9	90-EZ, Part V, line 46	(Political Campaign /	Activities),
hen					

- ◆ 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

If the organization answered "Yes." to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-FZ, line 35c (Proxy Tax), then

	ction 501(c)(4), (5), or (6) organi me of the organization	zations Complete Part III		Employer	entification number
	hild Is Missing Inc				
Dar	t I-A Complete if the or	ganization is exempt unde	or section E01/	65-074787	
					z/ organization.
1	Provide a description of the organization to candidates for	ganization's direct and indirect po public office in Part IV	litical campaign act	civities on behalf of or	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	TIC: Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1		e tax incurred by the organization			**************************************
2	Enter the amount of any excise	tax incurred by organization mar	nagers under section	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	er section 501(c) except section 5	01(c)(3).
1	Enter the amount directly expe	nded by the filing organization for	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	rganization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	Form 1120-POL for this year?			↑ Yes No
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly an political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization to a separate political or	's funds Also enter the ganization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -(contributions received

f Grassroots lobbying expenditures

ch	nedule C (Form 990 or 990-EZ) 2011					Page 2
Pa	cart II-A Complete if the organization in under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	(election
<u> </u>	Check If the filing organization belongs to an	affiliated group (and	list in Part IV ea	ch affiliated gro	oup member's name	e, address, EIN,
	expenses, and share of excess lobby					
<u> </u>	Check If the filing organization checked box	A and "limited contro	l" provisions app	ly		
	Limits on Lobbying Ex	penditures			(a) Filing	(b) Affiliated
	(The term "expenditures" means amo		.)		O rganization's Totals	Group Totals
la	Total lobbying expenditures to influence public op	inion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legislat	tive body (direct lobby	yıng)			
C	Total lobbying expenditures (add lines 1a and 1b))				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount Enter the amount fro	om the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	: 1f)				
h	Subtract line 1g from line 1a If zero or less, enter	r-0-				
	Subtract line 1f from line 1c If zero or less, enter					
	If there is an amount other than zero on either line section 4911 tax for this year?		organization file	Form 4720 rep	porting	┌ Yes ┌ No
	(Some organizations that made a s columns below. See the	e instructions fo	ection do not r lines 2a thr	have to co ough 2f on	page 4.)	e five
_	Lobbying Expe	nditures During	4-Year Avera	ging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and ha (election under section 501(h)).	s NOT fi	led Fo	rm 5768
		(6	1)	(b)
		Yes	No	Amount
l	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			
а	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?	Yes		59,71
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	O ther activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			59,71
a.	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		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

501(c)(6).

			Yes	NO
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is Part III-B answered "Yes".

Τ.	Dues, assessments and similar amounts from members		
2	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).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV 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

Identifier | Return Reference | Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493014010373

OMB No 1545-0047

(Form 990)

SCHEDULE D

Department of the Treasury

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

itema	al Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.	Inspection
	me of the organiz	zation		Employer identification number
AC	Child Is Missing Inc			65-0747870
Pa	rt I Organi	zations Maintaining Donor A	dvised Funds or Other Similar F	Funds or Accounts. Complete if the
		ation answered "Yes" to Form 99	0, Part IV, line 6.	<u>, </u>
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at			
2		ributions to (during year)		
3		ts from (during year)		
4	Aggregate value	•		<u> </u>
5	=		sors in writing that the assets held in do organization's exclusive legal control?	nor advised Yes No
6	used only for ch		donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	
Pa	rt III Consei	rvation Easements. Complete	if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Preservation Protection	onservation easements held by the o on of land for public use (e g , recreati of natural habitat	on or pleasure)	n historically importantly land area certified historic structure
	,	on of open space		
2	•	2a–2d if the organization held a qual le last day of the tax year	ified conservation contribution in the forr	
	Total number of	f concernation concernants		Held at the End of the Year
a		f conservation easements		2a
b	-	estricted by conservation easements servation easements on a certified his		2b
C				2c
d		servation easements included in (c) a	•	2d
3			erred, released, extinguished, or terminat	ed by the organization during
	the taxable yea	r ►		
4	Number of state	es where property subject to conserva	ation easement is located 🗠	<u></u>
5		ization have a written policy regarding the conservation easements it holds	g the periodic monitoring, inspection, har ?	ndling of violations, and Yes No
6	Staff and volunt	teer hours devoted to monitoring, insp	pecting and enforcing conservation easer	ments during the year ►
7	•	enses incurred in monitoring, inspecti	ng, and enforcing conservation easement	ts during the year
_	► \$			
8	170(h)(4)(B)(ı)	and 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of se	☐ Yes ☐ No
9	balance sheet,		onservation easements in its revenue an the footnote to the organization's financia nents	
Par			ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
1a	art, historical ti	reasures, or other sımılar assets held	116, not to report in its revenue statem for public exhibition, education or resear nancial statements that describes these	rch in furtherance of public service,
b	historical treas		116, to report in its revenue statement public exhibition, education, or research	
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1		- \$
	(ii) Assets incl	uded in Form 990, Part X		► \$
2	If the organizat	·	orical treasures, or other similar assets f S 116 relating to these items	·

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	torio	al Tr	easur	es, or C	the	⁻ Similar	Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne foll	_		_		se of its co	llection	า	
а	Public exhibition		d	Г	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Other	•						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	furthe	r the or	ganızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	dıary	force	ontribu	tions or	other ass	ets r	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	ble		-					
							-			Amou	ınt	
C	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											
Pa	t V Endowment Funds. Complete											
4 -	Danis and the same hallows	(a)Current Year	(b)	Prior Y	'ear	(c)Two	Years Back	(d)1	hree Years E	ack (e)Four Ye	ears Back
1a	Beginning of year balance							+		_		
b	Contributions							+				
C	Investment earnings or losses							+		_		
d e	Other expenditures for facilities and programs											
f	Administrative expenses							+				
g	End of year balance							+				
_	•											
2	Provide the estimated percentage of the yea	r end balance neld a	15									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
C	Term endowment ►											
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation 1	that a	re held	and ad	mınıstere	d for	the		Yes	No
	(i) unrelated organizations									3a(i)	165	NO
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organization									3b	İ	
4	Describe in Part XIV the intended uses of th	e organization's end	dowme	ent fu	nds							
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	ırt X,	line 1	L O .			•			
	Description of property) Cost o	or other stment)	(b)Cost or basis (ot		(c) Accur		(d) E	ook value
1a	and											
b	Buildings											
c	easehold improvements											
d	Equipment						1	51,203		151,20	3	
e	Other											
	. Add lines 1a-1e (Column (d) should equal Fo), line	10(c).)				▶			

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 1.		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(D)Book Turae	Cost or end-of	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			_
			_
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
		2 1 2 2 1 2 1 4 1 4 4	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
	e 15.		
Part IX Other Assets. See Form 990, Part X, lin			(h) Book value
			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description	tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15	5.)	, , , , , ,	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	, , , , , b	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	165	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,021,363
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,027,321
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,958
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,958
	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retur	
1	Total revenue, gains, and other support per audited financial statements	1	1,022,116
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	753
3	Subtract line 2e from line 1	3	1,021,363
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,021,363
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	1,028,074
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	753
3	Subtract line 2e from line 1	3	1,027,321
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,027,321

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Other revenues non included on Form 990 Part XII line 2d		Fundraising
02 Other expenses not included on Form 990 Part XIII line 2d		Fundraising
03 Footnote for uncertain tax position under FIN 48 Part X		Management has evaluated the Organizations tax positions and concluded that they have not taken any uncertain tax positions that would require adjustment to the finacial statements in accordance with ASC 740

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493014010373

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

2011

Employer identification number

Open to Public Inspection

A Child Is Missing Inc							6	5-07478	70			
Part I Excess Benefit Train Complete if the organization							organı	zations (only).	ıne 40h		_
1 (a) Name of disq			103 0111011	1 330,1	(b) Desc				i dic V, i		(c) rrected?	_
										Yes	No	_
												-
												-
												_
												_
2 Enter the amount of tax impos		_		_	disqualified perso		-	_	r ·	•	•	_
3 Enter the amount of tax, If any									· \$			-
Part III Loans to and/or					Dart IV June 26	or Forn		7 Dort \/	lina 20	_		-
(a) Name of interested person and purpose	(b) L or fro	oan to om the zation?	(c)Orig			ved d or	(g)Written agreement?					
	То	From				Yes	No	Yes	No	Yes	No	_
(1) Sherry Friedlander Working capital	Х		1	20,000	140,339		No	Yes			No	
												_
												_
							-			+		_
Total				► \$	140,339							_
Part III Grants or Assistan Complete if the orga						, line 2	!7.					
(a) Name of interested pers			b) Relationsh	ııp betwe	een interested per ganization			nount of g	rant or ty	pe of assı	stance	_
												_
												_
-												_

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.						
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	Sharing of inization's venues?	
	organızatıon			Yes	No	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493014010373

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization A Child Is Missing Inc

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 to provide any additional information.

Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Employer identification number

65-0747870

ldentifier	Return Reference	Explanation
01 Amended return infomation		The return is being amended to change the number of voting members reported on Part I Summary 1 on page one of the 990 as well as on Part VI Section A 1a The originally filed return improperly reported that taxpayer had 6 voting members of the governing body when it should have reported 5
02 Committee meeting documentation (Part VI, line 8b)		Minutes are taken during all board meetings and maintained by the organization
03 Form 990 governing body review (Part VI, line 11)		The form is reviewed with board members prior to filling
04 Conflict of interest policy compliance (Part VI, line 12c)		Full-time employees shall have no other paid employment without the express written approval of the executive director Any other employment must not interfere with employment at the Organization
05 CEO, executive director, top management comp (Part VI, line 15a)		Officer compensation is approved by board members and reflected in the minutes
06 Other officer or key employee compensation (Part VI, line 15b		Officer compensation is approved by board members and reflected in the minutes
07 Governing documents, etc, available to public (Part		The documents are available upon request

Additional Data

Software ID: Software Version:

EIN: 65-0747870

Name: A Child Is Missing Inc

Form 990, Special Condition Description:

Special Condition Description