

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)

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

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 2011, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C
 A SOLDIER'S CHILD, INC.
 P.O. BOX 333015
 MURFREESBORO, TN 37133-3015

D Employer identification number

26-3032468

E Telephone number

G Gross receipts \$ 150,550.

F Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☒ No

If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ASOLDIERSCHILD.ORG

K(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2008

M State of legal domicile: TN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO SERVE THE CHILDREN OF FALLEN MILITARY PERSONNEL WHO HAVE GIVEN THEIR LIVES IN COMBAT WHILE DEFENDING THE UNITED STATES OF AMERICA. THESE CHILDREN WILL BE PROVIDED WITH A MEANINGFUL GIFT ON EACH BIRTHDAY UNTIL ADULTHOOD TO HONOR THE MEMORY OF THEIR FALLEN PARENT</u>		
	2	Check this box <input type="checkbox"/> 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)	3	
	4	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	
	6	Total number of volunteers (estimate if necessary)	6	
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	62,824.	138,574.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,933.	-6,265.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,891.	132,309.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	420.	319.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)	8,833.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	50,379.	88,781.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,799.	89,100.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	7,092.	43,209.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	25,566.	68,745.
	22	Net assets or fund balances. Subtract line 21 from line 20	32.	2.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	DARYL J.W. MACKIN		EXEC DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	STEPHEN L FUCHCAR CPA	STEPHEN L FUCHCAR CPA	9/27/12		P01387611
	Firm's name	Firm's EIN			
	HALL, DAVIDSON & ASSOC., CPA'S	62-1296805			
	Firm's address	Phone no.			
	P.O. BOX 1234	615-893-9334			
	MURFREESBORO, TN 37133-1234				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III. ☒ **X**

1 Briefly describe the organization's mission:

SEE SCHEDULE O2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ☐) (Expenses \$ 66,731. including grants of \$) (Revenue \$)CHILDREN OF FALLEN MILITARY PERSONNEL ARE HONORED WITH A MEANINGFUL GIFT ON THEIR BIRTHDAY EACH YEAR UNTIL AGE 18. CURRENTLY OVER 600 CHILDREN ARE ENROLLED IN THIS PROGRAM4b (Code: ☐) (Expenses \$ 7,661. including grants of \$) (Revenue \$)JOURNEY CAMP IS AN EXPERIENCE WHERE CHILDREN OF FALLEN SOLDIERS MEET FOR A WEEK OF ACTIVITIES THAT ALLOW THEM TO BOND WITH OTHERS THAT HAVE ALSO LOST A PARENT.4c (Code: ☐) (Expenses \$ 740. including grants of \$) (Revenue \$)CONTRIBUTIONS ARE MADE TO OTHER NONPROFIT ORGANIZATIONS THAT PURSUE SIMILAR OBJECTIVES TO OURS AND WITH WHICH WE NETWORK TO PROMOTE THE GOALS OF A SOLDIER'S CHILD.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses **▶** 75,132.

Part IV Checklist of Required Schedules

Yes	No	1	2	3	4	5	6	7	8	9	10	11	12a	12b	13	14a	15	16	17	18	19	20	20b
	X	1																					
		2	X																				
		3	X																				
		4		X																			
		5		X																			
		6		X																			
		7		X																			
		8		X																			
		9			X																		
		10			X																		
		11																					
		12a																					
		12b																					
		13																					
		14a																					
		15																					
		16																					
		17																					
		18																					
		19																					
		20																					
		20b																					

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	X
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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>	24a	X
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? <i>If 'Yes,' complete Schedule L, Part I.</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? <i>If 'Yes,' complete Schedule L, Part I.</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X
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	X

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 1		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b X		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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		X
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?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
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).			
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		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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:			
a 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.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a Enter the number of voting members of the governing body at the end of the tax year.	5											
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b Enter the number of voting members included in line 1a, above, who are independent.		5										
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? SEE SCHEDULE O			2	X								
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3								X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4								X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5								X	
6 Did the organization have members or stockholders?			6								X	
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? .. SEE SCHEDULE O			7a	X								
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? SEE SCH. O			7b	X								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?			8a	X								
b Each committee with authority to act on behalf of the governing body?			8b								X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.			9									X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?	10a											
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b										
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			11a	X								
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O												
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.			12a								X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			12b									
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.			12c									
13 Did the organization have a written whistleblower policy?			13								X	
14 Did the organization have a written document retention and destruction policy?			14								X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
a The organization's CEO, Executive Director, or top management official.			15a								X	
b Other officers of key employees of the organization.			15b								X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)												
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			16a								X	
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			16b									

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► CLAYTON LEDFORD 3030 WENTWORTH COURT MURFREESBORO TN 37127 615-496-1379

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARYL J.W. MACKIN EXEC DIRECTOR	18	X		X				0.	0.	0.
(2) CLAYTON LEDFORD VICE CHAIRMAN	10	X		X				0.	0.	0.
(3) JANELL WOOD SECRETARY	3	X		X				0.	0.	0.
(4) STEPHEN L. FUCHCAR TREASURER	2	X		X				0.	0.	0.
(5) J. RUSS MAXEY BOARD MEMBER	2	X						0.	0.	0.
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) _____									
(16) _____									
(17) _____									
(18) _____									
(19) _____									
(20) _____									
(21) _____									
(22) _____									
(23) _____									
(24) _____									
(25) _____									
1 b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns.....	1a				
	b Membership dues.....	1b				
	c Fundraising events.....	1c	40,644.			
	d Related organizations.....	1d				
	e Government grants (contributions).....	1e				
	f All other contributions, gifts, grants, and similar amounts not included above....	1f	97,930.			
	g Noncash contributions included in lns 1a-1f: \$					
h Total. Add lines 1a-1f.....			138,574.			
PROGRAM SERVICE REVENUE	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue...					
g Total. Add lines 2a-2f.....						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....					
	4 Income from investment of tax-exempt bond proceeds.....					
	5 Royalties.....					
	6a Gross rents.....	(i) Real (ii) Personal				
	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).....					
	8a Gross income from fundraising events (not including \$ 40,644. of contributions reported on line 1c). See Part IV, line 18.....	a	11,976.			
	b Less: direct expenses.....	b	18,241.			
	c Net income or (loss) from fundraising events.....		-6,265.			-6,265.
	9a Gross income from gaming activities. See Part IV, line 19.....	a				
	b Less: direct expenses.....	b				
	c Net income or (loss) from gaming activities.....					
10a Gross sales of inventory, less returns and allowances.....	a					
b Less: cost of goods sold.....	b					
c Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue.....						
e Total. Add lines 11a-11d.....						
12 Total revenue. See instructions.....			132,309.	0.	0.	-6,265.

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).

Check if Schedule O contains a response to any question in this Part IX. ☐

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
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.	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	264.		264.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	55.		55.	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	1,000.		1,000.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.	5,232.	2,616.		2,616.
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	5,186.	878.	1,845.	2,463.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
a <u>GIFTS TO RECIPIENT CHILDREN</u>	47,934.	47,934.		
b <u>PROGRAM SUPPLIES</u>	8,239.	8,239.		
c <u>EVENTS FOR MILITARY CHILDREN</u>	7,661.	7,661.		
d <u>POSTAGE AND SHIPPING</u>	5,560.	5,282.	278.	
e All other expenses.	7,969.	2,522.	1,693.	3,754.
25 Total functional expenses. Add lines 1 through 24e.	89,100.	75,132.	5,135.	8,833.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	25,566.	1	68,745.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,566.	16	68,745.	
LIABILITIES	17 Accounts payable and accrued expenses	32.	17	2.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ..		25	
	26 Total liabilities. Add lines 17 through 25	32.	26	2.
RESTRICTED OR UNRESTRICTED ASSETS	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	25,534.	27	68,743.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	25,534.	33	68,743.
	34 Total liabilities and net assets/fund balances.	25,566.	34	68,745.

BAA

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	132,309.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	89,100.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	43,209.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).....	4	25,534.
5	Other changes in net assets or fund balances (explain in Schedule O).....	5	0.
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	68,743.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....

b Were the organization's financial statements audited by an independent accountant?.....

c If 'Yes' to line 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.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?.....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

BAA

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

A SOLDIER'S CHILD, INC.

Employer identification number

26-3032468

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.)

- 1 ☐ A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ 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.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III – Functionally integrated
 - d ☐ Type III – Other
- e ☐ 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).
- f ☐ 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 _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	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)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (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 instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)		4,674.	23,149.	62,824.	138,574.	229,221.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	0.	4,674.	23,149.	62,824.	138,574.	229,221.
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).						0.
6 Public support. Subtract line 5 from line 4.						229,221.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.	0.	4,674.	23,149.	62,824.	138,574.	229,221.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						229,221.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2010. 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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

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 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 – 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 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. ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

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 Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

A SOLDIER'S CHILD, INC.

Employer identification number

26-3032468

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>ANNUAL DINNER</u> (event type)	(b) Event #2 <u>GOLF TOURNAMEN</u> (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	29,600.	23,020.		52,620.
	2 Less: Charitable contributions	26,124.	14,520.		40,644.
	3 Gross income (line 1 minus line 2)	3,476.	8,500.		11,976.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,301.	5,940.		18,241.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				18,241.
	11 Net income summary. Combine line 3, column (d), and line 10				-6,265.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ Nob If 'No,' explain: _____

_____10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ Nob If 'Yes,' explain: _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?..... ☐ Yes ☐ No

13a	2
13b	2

Address ▶

c If 'Yes,' enter name and address of the third party:

Address ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Independent contractor

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: **\$** _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Employer identification number

A SOLDIER'S CHILD, INC.

26-3032468

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO SERVE THE CHILDREN OF FALLEN MILITARY PERSONNEL WHO HAVE GIVEN THEIR LIVES WHILE
DEFENDING THE UNITED STATES OF AMERICA. THESE CHILDREN WILL BE PROVIDED WITH A
MEANINGFUL GIFT ON EACH BIRTHDAY UNTIL ADULTHOOD TO HONOR THE MEMORY OF THEIR FALLEN
PARENT.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THE ONLY EMPLOYEE OF THIS ORGANIZATION (\$264 WAGES) IS THE WIFE OF ONE OF THE BOARD
MEMBERS. PROMOTIONAL MATERIALS FOR A SOLDIER'S CHILD IN THE AMOUNT OF \$8,858, WERE
PRODUCED BY AND PURCHASED FROM LEDFORD MEDIA, INC. CLAYTON LEDFORD, VICE CHAIRMAN OF
A SOLDIER'S CHILD, IS THE SOLE SHAREHOLDER.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

ALL MAJOR ISSUES ARE BROUGHT BEFORE THE BOARD, INCLUDING ADDING AN ADDITIONAL BOARD
MEMBER, ASKING FOR OR CONSIDERING THE RESIGNATION OF A BOARD MEMBER, OR FILLING THE
VACANT SEAT OF A RETIRING BOARD MEMBER.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

ROBERTS RULES OF ORDER ARE FOLLOWED. ISSUES ARE DECIDED BY MAJORITY VOTE.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS BROUGHT UP FOR REVIEW AND DISCUSSION AT A MEETING OF THE BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

OTHER DOCUMENTS OF THE ORGANIZATION ARE NOT NECESSARILY OPEN FOR INSPECTION,
ALTHOUGH THE BOARD WOULD CONSIDER ANY REQUEST THAT WAS SUBMITTED.

2011

FEDERAL WORKSHEETS

PAGE 1

CLIENT SOLDIER2

A SOLDIER'S CHILD, INC.

26-3032468

9/27/12

11:07PM

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DINNERS, LUNCHEONS, MISC	3,754.			3,754.
TELEPHONE	1,534.	767.	767.	
BANK SERVICE CHARGES	1,030.	1,015.	15.	
CONTRIBUTIONS	740.	740.		
MISC FILING FEES	516.		516.	
DUES AND SUBSCRIPTIONS	395.		395.	
TOTAL	\$ 7,969.	\$ 2,522.	\$ 1,693.	\$ 3,754.



State of Tennessee
312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2555

WARNING: False or misleading statements
Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514

APPLICATION TO RENEW REGISTRATION
OF A CHARITABLE ORGANIZATION

INSTRUCTIONS: Please type or print all items on this form which are applicable to your organization. If you are unable to answer in the space provided, you may attach additional sheets. **Indicate that an item does not apply by placing N/A by its number.**

For Office Use Only	
Reg. No.	Date Received
Exp. Date	
Fee Paid	

The amount of the filing fee is as follows:

Organization's Gross Revenue	Filing Fee
\$0-\$48,999.99	\$100.00
\$49,000.00-\$99,999.99	\$150.00
\$100,000.00-\$249,999.99	\$200.00
\$250,000.00-\$499,999.99	\$250.00
\$500,000.00-ABOVE	\$300.00

A **NONREFUNDABLE** registration fee must accompany this application.

1. Name of the organization: A Soldier's Child, Inc.
- If name has changed, please indicate: _____
- FEIN: 26-3032468 Accounting period end date: 12 31 2011
Month Day Year
- Has the accounting period changed since your last registration? Yes ☐ No ☒ If yes, please indicate: _____
2. Do you solicit contributions under any other name(s)? Yes ☐ No ☒
If yes, list names used and attach any documents authorizing such use. _____
- 3A. Principal Office Address or, if no office is maintained, Name and Address of Person Having Custody of Financial Records:
- Name: Clayton Ledford Address: 3030 Wentworth Court
- City: Murfreesboro State: TN Zip Code: 37127
- Has principal address changed since last registration? Yes ☐ No ☒
- 3B. Mailing/Contact Address:
- Contact Name/Title: Daryl Mackin
- Organization Name: A Soldier's Child, Inc.
- Address: P.O. Box 333015
- City: Murfreesboro State: TN Zip Code: 37133-3015
- Has principal address changed since last registration? Yes ☒ No ☐
4. Telephone Number: (615) 427-2970 Fax Number: () Email Address: daryl@asoldierschild.org
- Has information in number 4 changed since last registration? Yes ☐ No ☒
- Telephone Number: () Fax Number: () Email Address: _____

5. Have you added any Chapters, Branches or Affiliates in Tennessee since your last registration?

If yes, list name and address: No

Are you registering and reporting the financial activities of these organizations? Yes ☐ No ☐

(Note: a chapter, branch or affiliate that solicits or receives contributions from any source other than the parent organization or a governmental agency must register independently and pay its own filing fee)

6. Have you amended the organization documents submitted with your last registration? Yes ☐ No ☒

If yes, attach a copy of the amendment(s)

7. Has the organization obtained tax exemption or has the tax exempt status been revoked by the Internal Revenue Service since your last registration? Yes ☐ No ☒ If granted tax exemption, attach determination letter.

8. Has the organization registered in any other state? Yes ☐ No ☒ If yes, attach a list of other states.

9. Have you been enjoined by any court from soliciting contributions since your last registration? Yes ☐ No ☒
If yes, attach a copy of the court order.

10. Attach a list of the name, title and address of each officer, director and trustee. (List principal salaried officer first)

11. List the name and address of individual(s) who have final responsibility for the custody of contributions:

Name: Daryl Mackin & Board of Directors Address: 1338 Davy Crockett Dr. City: Murfreesboro State: TN Zip Code: 37129

12. List the name and address of individual(s) who have responsibility for the final distribution of contributions:

Name: Daryl Mackin & Board of Directors Address: 1338 Davy Crockett Dr. City: Murfreesboro State: TN Zip Code: 37129

13. Has any officer, director, manager, operator or principal of the organization been the subject of an injunction, judgment or administrative order or been convicted of a felony? Yes ☐ No ☒ If yes, attach a detailed explanation.

14. Describe the purpose of the organization: To honor and serve the children of fallen military personnel who have given their lives while defending the USA. A meaningful gift is given to each child on every birthday until adulthood in memory of their fallen parent.

15. If your organization contracts with or otherwise engages the services of any outside fund-raising professional (such as a "professional fund-raiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), attach a list including their names, addresses (street and P.O.), telephone numbers, and location of offices used to perform work on behalf of the organization. Additionally, submit a true copy of any contract with the listed entity.

This document must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer. I certify that the statements in this registration statement and all supplemental forms, documents and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: _____

Signature of Authorized Officer: _____

Print Name: Daryl Mackin

Print Name: Stephen L. Fuchcar

Title: Executive Director

Title: Treasurer

Date: _____

Date: _____

Part II Balance Sheets: (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part II

☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	25,566.	22 68,745.
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	25,566.	25 68,745.
26	Total liabilities (describe in Schedule O)	32.	26 2.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	25,534.	27 68,743.

Check if the organization used Schedule O to respond to any question in this Part III. ☒ X

Check if the organization used Schedule O to respond to any question in this Part III. **X**

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **TO SERVE THE CHILDREN OF FALLEN MILITARY PERS**
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	CHILDREN OF FALLEN MILITARY PERSONNEL ARE HONORED WITH A MEANINGFUL GIFT ON THEIR BIRTHDAY EACH YEAR UNTIL AGE 18. CURRENTLY OVER 600 CHILDREN ARE ENROLLED IN THIS PROGRAM (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	66,731.
29	JOURNEY CAMP IS AN EXPERIENCE WHERE CHILDREN OF FALLEN SOLDIERS MEET FOR A WEEK OF ACTIVITIES THAT ALLOW THEM TO BOND WITH OTHERS THAT HAVE ALSO LOST A PARENT. (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	7,661.
30	CONTRIBUTIONS ARE MADE TO OTHER NONPROFIT ORGANIZATIONS THAT PURSUE SIMILAR OBJECTIVES TO OURS AND WITH WHICH WE NETWORK TO PROMOTE THE GOALS OF A SOLDIER'S CHILD. (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	740.
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	75,132.

Check if the organization used Schedule O to respond to any question in this Part IV.

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[illegible]



State of Tennessee
312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
615-741-2553 Fax: 615-253-5173

WARNING: False or misleading statements Subject to maximum \$5,000 civil penalty. T.C.A. §48-101-514

SUMMARY OF FINANCIAL ACTIVITIES OF A CHARITABLE ORGANIZATION

INSTRUCTIONS: Complete this form with financial information from the most recently completed accounting year. The form must be signed by two (2) authorized officers, one of whom shall be the Chief Fiscal Officer. Please see the sample Summary of Financial Activities for the corresponding lines on page 9 and 10 of the IRS Form 990.

Name of Organization: A Soldier's Child, Inc.
Address: 1338 Davy Crockett Drive City: Murfreesboro State: TN Zip Code: 37129
Federal ID: 26-3032468 State ID: CO12391 Telephone: 615-427-2970
Accounting Year End: 12/31/2011 Has your accounting year changed? Yes ☐ No ☒

A. Gross Revenue

1. Public Contributions	\$	<u>138,574</u>
2. Government Grants	\$	<u></u>
3. Program Service Revenue.....	\$	<u></u>
4. Special Events and Activities	\$	<u>11,976</u>
5. Gross Sales of Inventory	\$	<u></u>
6. Other Revenue	\$	<u></u>
7. Total Revenue [Add Line 1 Through Line 6]	\$	<u>150,550</u>

B. Expenses

8. Total Program Expenses.....	\$	<u>75,132</u>
9. Direct Expenses from Special Events.....	\$	<u>18,241</u>
10. Cost of Goods Sold.....	\$	<u></u>
11. Management and General Expenses	\$	<u>5,135</u>
12. Fund Raising Expenses.....	\$	<u>8,833</u>
13. Other Expenses	\$	<u></u>
14. Total Expenses [add line 8 through line 13]	\$	<u>107,341</u>
15. Excess / Deficit for the year [line 7 minus line 14]	\$	<u>43,209</u>

C. Changes in Net Assets or Fund balances

16. Net assets / fund balances at beginning of year.....	\$	<u>25,534</u>
17. Other changes in net assets or fund balances	\$	<u></u>
18. Net assets / fund balances [add line 15 through line 17]	\$	<u>68,743</u>
19. Total Assets.....	\$	<u>68,745</u>
20. Total Liabilities	\$	<u>2</u>
21. Net assets / fund balances [line 19 minus line 20]	\$	<u>68,743</u>

D. Accounting Method Used:

CASH: X ACCRUAL: OTHER:

SIGNATURE

I certify that the information furnished in this summary and all supplemental forms, documents and continuation sheets is true and correct to the best of my knowledge and belief.

Signature of Authorized Officer

Daryl Mackin

Print Name

Executive Director

Title

Date

Signature of Authorized Officer

Stephen L. Fuchcar

Print Name

Treasurer

Title

Date