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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service The economistion may have to use a convert this return to establish state connection requirements

2000

| | | nue Service | | ► The organizat | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> | | | n to Public | |
|-------------------------|--|--|-----------------------|----------------------|--|-------------------------|----------------|---------------|---------------|-----------------|-------------|------------------------------------|--------------|
| _ | | | ar year, c | r tax year begi | | 1 | , 2008, a | nd endir | g Sep | | <u> </u> | 2009 | |
| В | | applicable | Please use | C Name of organ | | | _ | | | | - | ication Numbe | r |
| | — | ress change | IRS label or print | | IONAL CHIL | | | | | | 13034 | | |
| | \vdash | ne change | or type. See | | treet (or PO box if i | mail is not delivered | to street agor | r) Room/s | uite | 1 | one numb | | |
| | \vdash | al return | specific Instruc- | P.O. BOX | | | 01-1- 7 | | | (92 | (0) 72 | 29-5721 | |
| | \vdash | nination | tions. | City, town or o | ountry | | | IP code + 4 | • | | | | |
| | \vdash | ended return | | NEENAH | | | WI S | <u> 54956</u> | | | | 32,235,4 | 401. |
| | Appl | ication pending | | and address of princ | | | | | H(a) is this | | | — ⊨ ' | ′es <u>⊠</u> |
| | DAVID BRUENNING PO BOX 583 NEENAH WI 54956 Tax-exempt status X 501(c) (3) (insert no) 4947(a)(1) or 527 | | | | | | | | | | ructions) | res | |
| <u></u> | | | | | (insert no) | 4947(a)(| 1) or | 527_ | | | | | |
| <u></u> | | | FAID.c | | | | | | H(c) Group | | | | |
| K | | | X Corpora | tion Trust | Association | Other ► | L Yea | r of Forma | tion 197 | 8 M | State of le | gal domicile | WI |
| Pa | rt I | Summa | | | | | | D = | | | | | |
| | 1 B | srietly describ | e the org | anization's mis | sion or most sig | initicant activitie | es <u>TO</u> _ | DISTR | IBUTE | HUMAN | ITARI | AN AID | |
| ပ္ | ļ - | | | | | | | | | | | | |
| 'nar | _ | | | | | | | | ~ ~ - | | | | |
| Ϋ́Θ | 2 0 | heck this box | | f the organizat | on discontinued | | | | | 0/ of its 4 | | | |
| ğ | | | | | erning body (Pa | | or uispose | a or mor | e man 25 | 76 OF ILS & | 3 6 | - | |
| 8 | | | | | ers of the govern | | VI, line 1b |) | | | 4 6 | | |
| /tie | | | | yees (Part V, III | | | | • | | | 5 1 | | |
| Activities & Governance | 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | | | | | | | | | 6 1 | .00 | | |
| 4 | 7a ⊺ | otal gross un | related b | usiness revenu | e from Part VIII | , line 12, colum | п (С) | | | | 7a | | |
| | b N | let unrelated | business | taxable income | e from Form 990 |)-T, line 34 | | | | | <u> 76</u> | | |
| | | | | | | | | | Р | rior Year | | Current | |
| Revenue | | 3 () | | | | | | | 28 | ,713, | 452. | 32,23 | 2,60 |
| Revenue | 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | | | | | |
| Pe S | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | | | 4, | 121. | | 2,79 |
| | | | | | ines 5, 60, 8c, 9 I (must equal P | | | 10 | 1 | 717 | 177 | 20 02 | F 46 |
| _ | | | | | IX, column (A) | | (A), line | 12) | | ,717,1 ,566, | | 32,23 | |
| | | | | | X, column (A), | | | | - 21 | , 300, | 99. | 31,15 | 1,82 |
| | | | | | ee benefits (Par | | \ lines E 1 | 0) | - | 30 ' | 142 | | 0 30 |
| 99 | | | | | | |), iiiies 5-i | 0) | _ | 30,3 | | | 9,30 |
| Expenses | l . | 16a Protessional fundraising rees (Part & column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 561,793 | | | | | | | - | | 0. | | |
| ă | 17 Other expenses Harly, column (A), lines 11a-11d, 11f | | | | | | | | | | | | |
| | | | | | | 1f-24f) | | | 1,369,77 | | | | 6,39 |
| | | | | - | equal Part IX, | | 25) | | 28 | ,966, | 83. | 32,24 | 3,52 |
| \blacksquare | 19 R | Revenue less | expenses | Subtract line | 18 from line 12 | | | | | -2 <u>4</u> 8, | 710. | | 8,12 |
| 8 8 | | | | | | | | | Begin | ining of \ | ear | End of | Year |
| 3alan | | otal assets (F | | | | | | | | 457,2 | 217. | 47 | 9,82 |
| Net As Fund B | 21 T | otal liabilities | (Part X, | line 26) | | | | | | 46,3 | 167. | | 6,89 |
| _ | | | | | line 21 from line | ∍ 20 | | | | 411,0 | 050. | . 40 | 2,92 |
| Pa | <u>rt II</u> | Signatu | <u>re Bloc</u> | <u>k</u> | | | | | | | | | |
| | | Under penalties | perjury, | declare that beve | e examined this return parer (other than office | n, including accomp | nying schedi | les and sta | tements, and | to the bes | of my kno | wledge and be | elief, it is |
| | | - /// | 1111 | | , | .er/ is based on all il | normanor or | willer prep | alei has ally | A / / | . / - | | |
| Sig | | - in | nyg | NI | young | | | | | <i>77 ·</i> | -/- | 2010 | |
| He | re | Signature o | officer | O Ko. | ر کھی ہے یں | : 10 | F | , ,, | Dat | te | - | | |
| | | Type or pri | nt name and | | | 7 | | <u> </u> | de | 7.7 | | | |
| | | Type or prii | it hanse and | - ude | | | | | | | In. | | <u> </u> |
| Da: | : | | | | | | Date | • | Cr se | eck if | (see | parer's identifyi instructions) | ing numi |
| Pai Pre | - | Preparer's | | | | | | | еп | nployed | | | |
| | rer's | signature | | ert F. Si | | | [03 | <u>/30/1</u> | 0 | | | | |
| Us | | Firm's name (or yours if self | | | ociates, I | | | _ | | | | | |
| On | ly | employed), address, and | | | reet, Suit | | | | E | N > | | | |
| | | ZIP + 4 | | ndon | | VA | 20170 | | P | one no | (703) | 437-1 | 040 |
| | | | | | r shown above? | | | | | | | X Yes | □ N |

| Form | 990 (2008) INTERNATIONAL CHILDRENS FUND | 39-1 | 3034 | 30 | | Page 2 |
|------|---|---------------|---------------|---------|--------------|---------------|
| Par | t III Statement of Program Service Accomplishments (see instructions) | | | | | |
| 1 | Briefly describe the organization's mission: | | | | | |
| | TO DISTRIBUTE HUMANITARIAN AID | | | | | |
| | | | | | | - <i></i> |
| | | | | | | |
| | Dul the annual to the state of | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? | prior | | Yes | \mathbf{x} | No |
| | If 'Yes,' describe these new services on Schedule O | | Ш | 162 | Ē. | NO |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program service | ıc7 | \Box | Yes | \mathbf{x} | No |
| • | If 'Yes,' describe these changes on Schedule O | .5 | ш | | <u> </u> | |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by | expenses | Section | 5016 | :)(3) | |
| - | and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all | locations | to others | , the t | ótàl | |
| | expenses, and revenue, if any, for each program service reported | | | | | |
| | | | | | | |
| 4a | (Code) (Expenses \$ 31,586,168. including grants of \$ 0.) | Revenue | \$ <u>3</u> : | 2,23 | 2,60 |)2 <u>.</u>) |
| | THE ORGANIZATION DISTRIBUTES HUMANITARIAN AID INCLUDING | . | | | | |
| | CLOTHING, FOOD, MEDICINE AND SUPPLIES TO NEEDY CHILDREN, | | | | | |
| | FAMILIES, AND MISSIONARY ORGANIZATIONS AROUND THE WORLD. | | | | | |
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| 4 b | (Code) (Expenses \$ including grants of \$) (| Revenue | \$ | | |) |
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| 40 | : (Code:) (Expenses \$ including grants of \$) (| Revenue | \$ | | |) |
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| | | | | | | |
| 40 | Other program services (Describe in Schedule O.) | | | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | | |) | |
| 4 e | Total program service expenses ► \$ 31,586,168. (Must equal Part IX, Line 25, column (B) | | | | | |

Form 990 (2008) INTERNATIONAL CHILDRENS FUND
Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-------------|--|------|-----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | x | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 4 | - | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | | х |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | Х | |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | Х |
| t | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I | 14b | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | 15 | х | |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | 16 | х | |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I | 17 | Х | <u> </u> |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | Х |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J | 23 | | х |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25 | 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 | | |
| 25 a | 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 | | х |
| ь | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I | 25b | | х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | | х |
| BAA | | Form | 990 (| (2008) |

Form 990 (2008) INTERNATIONAL CHILDRENS FUND

Part IV Checklist of Required Schedules (continued)

| | | i | Yes | No |
|----|---|-------------|-------|----------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | | |
| | a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV | 28 a | | х |
| | b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV | 28b | | x |
| | c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes.' complete Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | х |
| 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 | | х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35 | | _ X |
| 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 | | <u>x</u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | _x_ |
| BA | | Form | 990 (| 2008) |

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 16 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners 1c Х 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2ь Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3a 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 **b** If 'Yes,' enter the name of the foreign country: **>** See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a pronibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 50 Х 6a Did the organization solicit any contributions that were not tax deductible? 6a **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? Х 7a 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? 7с X d if 'Yes,' indicate the number of Forms 8282 filed during the year 7dl e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7**q** h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х b Did the organization make any distribution to a donor, donor advisor, or related person? 9 b Х 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 10Ь 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11 b

BAA

amounts due or received from them)

12a

12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008) INTERNATIONAL CHILDRENS FUND

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| <u>se</u> | ction A. | Governing Body and Management | | | | | |
|--|--|---|---|--------------------------------------|----------------------------|----|--|
| | For each processe | n 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b belo es, or changes in Schedule O. See instructions | w, describe the circumstances, | Г | Yes | No | |
| 1 | a Enter the | e number of voting members of the governing body | 1a 6 | | | | |
| | b Enter the | e number of voting members that are independent | 1 b 6 |] | | | |
| 2 | Did any officer, of | officer, director, trustee, or key employee have a family relationship or a busines director, trustee or key employee? | s relationship with any other | 2 | х | | |
| 3 | Did the o | organization delegate control over management duties customarily performed by rs, directors or trustees, or key employees to a management company or other p | or under the direct supervision | 3 | | х | |
| 4 | | organization make any significant changes to its organizational documents | | 4 | | X | |
| | | e prior Form 990 was filed? | | | | | |
| 5 | Did the d | organization become aware during the year of a material diversion of the organization | ation's assets? | 5 | | Х | |
| 6 | Does the | e organization have members or stockholders? | | 6 | | Х | |
| 7 | a Does the governin | e organization have members, stockholders, or other persons who may elect one ig body? | or more members of the | 7a | | x | |
| | b Are any | decisions of the governing body subject to approval by members, stockholders, or | or other persons? | 7b | | Х | |
| 8 | Did the o | organization contemporaneously document the meetings held or written actions uwing: | ndertaken during the year by | | | | |
| | a The governing body? | | | | | | |
| | b Each committee with authority to act on behalf of the governing body? | | | | | | |
| 9 | a Does the | e organization have local chapters, branches, or affiliates? | | 9a | | X | |
| | b If 'Yes,' o and bran | does the organization have written policies and procedures governing the activitienches to ensure their operations are consistent with those of the organization? | es of such chapters, affiliates, | 9Ь | | | |
| 10 | | opy of the Form 990 provided to the organization's governing body before it was to in Schedule O the process, if any, the organization uses to review the Form 990 | | 10 | х | | |
| 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 | | | | | | | |
| 7 | organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | | | | | | |
| <u>se</u> | ction B. | Policies | | | | | |
| <u> </u> | ction B. | Policies | | | Yes | No | |
| | | e organization have a written conflict of interest policy? If 'No,' go to line 13 | , | 12a | Yes X | No | |
| 12 | a Does the | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually intere | sts that could give rise | 12a 12b | | No | |
| 12 | a Does the b Are office to conflice c Does the | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually intere | Ÿ | | Х | No | |
| 12 | a Does the b Are office to conflice C Does the Schedule | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? | Ÿ | 12b | х | No | |
| 12 | a Does the b Are office to conflice C Does the Schedule | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done | Ÿ | 12b 12c | X X | No | |
| 12 13 14 | a Does the b Are office to conflice c Does the Schedule Does the Does the | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done e organization have a written whistleblower policy? | policy? If 'Yes,' describe in | 12b 12c 13 | x x x | No | |
| 12 13 14 15 | a Does the b Are office to conflice c Does the Schedule Does the Does the Does the Did the persons, | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? | policy? If 'Yes,' describe in | 12b 12c 13 | x x x | No | |
| 12 13 14 15 | a Does the b Are office to conflice c Does the Schedule Does the Does the Did the persons, a The orga | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review as comparability data, and contemporaneous substantiation of the deliberation and | policy? If 'Yes,' describe in | 12b 12c 13 14 | X X X X | No | |
| 12 13 14 15 | a Does the b Are office to conflice c Does the Schedule Does the Does the Does the persons, a The orga b Other off | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review a comparability data, and contemporaneous substantiation of the deliberation and anization's CEO, Executive Director, or top management official? | policy? If 'Yes,' describe in | 12b 12c 13 14 | x x x x | No | |
| 12 13 14 15 | a Does the b Are office to conflice c Does the Schedule Does the Does the Did the p persons, a The orga b Other off Describe a Did the c | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review a comparability data, and contemporaneous substantiation of the deliberation and anization's CEO, Executive Director, or top management official? | policy? If 'Yes,' describe in nd approval by independent decision: | 12b 12c 13 14 | x x x x | No | |
| 12 13 14 15 | a Does the b Are office to conflice c Does the Schedule Does the Does the Did the persons, a The orga b Other off Describe a Did the centity du b If 'Yes,' I in joint v | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review a comparability data, and contemporaneous substantiation of the deliberation and anization's CEO, Executive Director, or top management official? ficers of key employees of the organization? e the process in Schedule O (see instructions) | policy? If 'Yes,' describe in nd approval by independent decision: | 12b 12c 13 14 15a 15b | x x x x | | |
| 12 13 14 15 | a Does the b Are office to conflice c Does the Schedule Does the Does the Did the persons, a The orga b Other off Describe a Did the centity du b If 'Yes,' I in joint v | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review a comparability data, and contemporaneous substantiation of the deliberation and enization's CEO, Executive Director, or top management official? Interest of key employees of the organization? Interest the process in Schedule O (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or simplified the year? That the organization adopted a written policy or procedure requiring the organization in the respect to such arrangements? | policy? If 'Yes,' describe in nd approval by independent decision: | 12b 12c 13 14 15a 15b | x x x x | | |
| 12 13 14 15 | a Does the b Are office to conflice c Does the Schedule Does the Does the Did the persons, a The orga b Other off Describe a Did the centity du b If 'Yes,' I in joint v status wi | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review a comparability data, and contemporaneous substantiation of the deliberation and anization's CEO, Executive Director, or top management official? Interest of key employees of the organization? Interest the process in Schedule O (see instructions) Organization invest in, contribute assets to, or participate in a joint venture or simplified the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguith respect to such arrangements? | policy? If 'Yes,' describe in nd approval by independent decision: alar arrangement with a taxable tion to evaluate its participation ard the organization's exempt | 12b 12c 13 14 15a 15b | x x x x | | |
| 12 13 14 15 | a Does the b Are office to conflice c Does the Schedule Does the Does the Does the Did the p persons, a The orga b Other off Describe a Did the c entity du b If 'Yes,' I in joint v status wi ction C. List the s | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? e organization regularly and consistently monitor and enforce compliance with the e O how this is done e organization have a written whistleblower policy? e organization have a written document retention and destruction policy? process for determining compensation of the following persons include a review a comparability data, and contemporaneous substantiation of the deliberation and anization's CEO, Executive Director, or top management official? Interest of key employees of the organization? In the process in Schedule O (see instructions) organization invest in, contribute assets to, or participate in a joint venture or simplified the organization adopted a written policy or procedure requiring the organization and render applicable federal tax law, and taken steps to safeguenth respect to such arrangements? Disclosures | policy? If 'Yes,' describe in nd approval by independent decision: llar arrangement with a taxable tion to evaluate its participation and the organization's exempt | 12b 12c 13 14 15a 15b 16a | x x x x x x | x | |
| 12 13 14 15 | a Does the b Are office to conflice c Does the Schedule Does the Did the centity du b If 'Yes,' I in joint v status wi ction C. List the s Section Courspection | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? ers organization regularly and consistently monitor and enforce compliance with the ero how this is done erorganization have a written whistleblower policy? erorganization have a written document retention and destruction policy? process for determining compensation of the following persons include a review as a comparability data, and contemporaneous substantiation of the deliberation and anization's CEO, Executive Director, or top management official? ficers of key employees of the organization? er the process in Schedule O (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or simplified by eyear? That the organization adopted a written policy or procedure requiring the organization that the organization and taken steps to safeguenth respect to such arrangements? Disclosures Seatates with which a copy of this Form 990 is required to be filed See States Filo4 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 | policy? If 'Yes,' describe in nd approval by independent decision: llar arrangement with a taxable tion to evaluate its participation and the organization's exempt | 12b 12c 13 14 15a 15b 16a | x x x x x x | x | |
| 12 13 14 15 16 | a Does the b Are office to conflice c Does the Schedule Does the D | erganization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests? ers, directors or trustees, and key employees required to disclose annually interests? ers organization regularly and consistently monitor and enforce compliance with the ers of how this is done erorganization have a written whistleblower policy? erorganization have a written document retention and destruction policy? erorganization have a written document retention and destruction policy? erorganization determining compensation of the following persons include a review a comparability data, and contemporaneous substantiation of the deliberation and enization's CEO, Executive Director, or top management official? ficers of key employees of the organization? er the process in Schedule O (see instructions) erganization invest in, contribute assets to, or participate in a joint venture or similaring the year? has the organization adopted a written policy or procedure requiring the organization that the organization and taken steps to safeguent respect to such arrangements? Disclosures states with which a copy of this Form 990 is required to be filed See States F 5004 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 and indicate how you make these available Check all that apply. | policy? If 'Yes,' describe in nd approval by independent decision: liar arrangement with a taxable tion to evaluate its participation and the organization's exempt orm 990 Filed In , and 990-T (501(c)(3)s only) ava | 12b 12c 13 14 15a 15b 16a 16b | X X X X X X X X | X | |
| 12 13 14 15 16 | a Does the b Are office to conflice c Does the Schedule Does the Did the centity du b If 'Yes,' I in joint v status wi ction C. List the s Section C inspection Describe statemen | e organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interects? ers organization regularly and consistently monitor and enforce compliance with the ero how this is done erorganization have a written whistleblower policy? erorganization have a written document retention and destruction policy? process for determining compensation of the following persons include a review a comparability data, and contemporaneous substantiation of the deliberation and anization's CEO, Executive Director, or top management official? Interes of key employees of the organization? Interes of key employees of the organization? Interest the process in Schedule O (see instructions) forganization invest in, contribute assets to, or participate in a joint venture or similaring the year? The the organization adopted a written policy or procedure requiring the organization that the organization adopted a written policy or procedure requiring the organization that respect to such arrangements? Disclosures States with which a copy of this Form 990 is required to be filed See States F. 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 on. Indicate how you make these available Check all that apply. Website Another's website X Upon request | policy? If 'Yes,' describe in nd approval by independent decision: llar arrangement with a taxable tion to evaluate its participation and the organization's exempt orm 990 Filed In , and 990-T (501(c)(3)s only) available cuments, conflict of interest policy | 12b 12c 13 14 15a 15b 16a 16b | X X X X X X financial | X | |

Form 990 (2008)

BAA

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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 the organization did no | t compens | ate ar | ту о | | | rector | , tru | istee, or key employe | | |
|---|------------------------------|---------------------------------|------------------------------|-----------------|----------------|------------------------------|---------------|---|--|---|
| (A) | (B) | | | (6 | | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | and with of trustee or director | | Check Office | a Key employee | hat appl Hill est o | y) F(5,00) | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related |
| | | l trustee ir | mahinaan teret ee | | hyee | Hist conตุษารสะช employee | | | | organizations |
| David J. Bruenning President & CEO | 40.00 | Х | | х | х | х | | 28,000. | 0. | 0. |
| Larry Oettel Vice President | 1.00 | х | | х | | | | 0. | 0. | 0. |
| Jean Hoppe Secretary | 1.00 | Х | | Х_ | | | | 0. | 0. | 0. |
| Dr. Scott Schinschke Director | 1.00 | х | | | | | | 0. | 0. | 0. |
| Carol Grady | 1.00 | х | | х | | | | 0. | 0. | 0. |
| Marcy Bruenning Non voting Director | 1.00 | Х | | | | | | 0. | 0. | 0. |
| Thomas Schilleman Chairman of the Board | 1.00 | х | | | | | _ | 0. | 0. | 0. |
| | | | | | | | | | | |
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TEEA0107 04/24/09

| Form 990 (2008) INTERNATIONAL CHILDRENS Part VII Section A. Officers, Directors, Trust | | ev | Ēm | ola | vee | 2S. i | and | Highest Com | 39-130343 | ovees | (con | Page 8 |
|---|----------------------|-----------------------------------|-----------------------|---------------|-------------------|------------------------------|--------------|--|---|-----------------------|--|------------------------|
| (A) | (B) | | | |) (;) | · · · | | (D) | (E) | T | (F) | <u>·/</u> |
| Name and Title | Average | Posi | tion (| - | all t | | | Reportable | Reportable | [| stimated | ı |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099 MISC) | compensation from related organizations (W 2/1099-MISC) | amo cor or a | unt of oi npensati from the ganization nd relate panization | ther on in id |
| | | | | | | | | | | | | |
| | | | | | | | | - | | | | |
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| | | | | | | | | | | | | |
| 1b Total | | | | | | | > | 28,000. | 0. | | | 0. |
| 2 Total number of individuals (including those in 1a) who organization | no recei | ved | mor | e th | an \$ | 100 | ,000 |) in reportable con | npensation from th | е | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc | r truste dividual | e, ke | ey e | mple | уеє | e, or | hıg | hest compensated | l employee | 3 | | x |
| 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual | ortable an \$150 | com),000 | pen:)? If | satio 'Ye: | on a s' co | nd c | thei lete | r compensation fro Schedule J for su | om ch | 4 | | x |
| 5 Did any person listed on line 1a receive or accrue corendered to the organization? If 'Yes,' complete Sche | mpensa | ition for s | fror | n an | ıy uı | nrela | ated | organization for s | ervices | 5 | | X |
| Section B. Independent Contractors | <u> </u> | .0. 0 | 4011 | рсі | 3011 | | | | | | | <u> </u> |
| Complete this table for your five highest compensate compensation from the organization | d indep | ende | ent c | ontr | acto | ors t | hat | received more tha | in \$100,000 of | | | |
| (A) Name and business address | | - | | | | | | (B) Description o | f Services | ((Compe | C) | n |
| CREATIVE SOLUTIONS 661 Hideaway Court Com | | Loc | ks | WI | 5 | 411 | ١3 | CONSULTING | 3.5 | | 44,0 | |
| | | | | | | | | | | · | | |
| | | | | | | | | | | | | |
| | | | | | | | 4 | | | | | |
| Total number of independent contractors (including the compensation from the organization 1 | nose in | 1) w | ho r | eceı | ved | moi | e th | nan \$100,000 in | | | | |

| ra | rt 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 |
| <u>~</u> | 1a Federated campaigns 1a | | | | |
| E SE | Ta Federated campaigns | - | | | |
| \$ \$ | b Membership dues 1b | _ | | | |
| 28.0 | c Fundraising events 1c |] | | | |
| ريم يا | d Related organizations 1 d | | | | |
| 9 | e Government grants (contributions) 1 e | 1 | | | |
| SES | e dovernment grants (contributions) | 1 | | • | |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | f All other contributions, gifts, grants, and similar amounts not included above 1f 32,232,602. | | | | |
| SE | g Noncash contribns included in lns 1a-1f \$ | 1 | | | |
| | ·· | 32,232,602. | | | |
| ä | Business Code |] | | | |
| é | 2a | Ì | | | |
| 2 | b | | | | |
| CE | | | | | |
| 2 | ``, | | | | |
| SE | ¹ | | | | |
| AM | e | | | | |
| 8 | f All other program service revenue | | | | |
| PROGRAM SERVICE REVENUE | g Total. Add lines 2a-2f | | | | |
| <u> </u> | | | | | |
| | Investment income (including dividends, interest and other similar amounts) | 200 | 0 700 | 0 | _ |
| | • | 2,799. | 2,799. | 0. | 0. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | |
| | 5 Royalties | | | | |
| | (i) Real (ii) Personal | | | | |
| | 6a Gross Rents | | | | |
| | | | | | |
| | b Less. rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | |
| | 7 Consequent from soles of (i) Securities (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | | | | |
| | assets other than inventory | 1 | | | |
| | b Less cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) | i | | | |
| 1 | | | | | |
| REVENUE | 8a Gross income from fundraising events (not including \$ | | | | |
| 2 | of contributions reported on line 1c) | | | | |
| ~ | See Part IV, line 18 a | | | | |
| 품 | b Less: direct expenses b | 1 | | | |
| F | c Net income or (loss) from fundraising events | 1 | | | |
| | C Net income or (loss) from fundraising events | | | | |
| | 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 | 1 | | | • |
| | 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 | l | | | _ |
| | 11a | 1 | | | |
| | _ | | | | _ |
| | b | | | | |
| | C | | | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | | | | |
| i | 40 * 10 * 10 * 10 * 10 * 10 * 10 * 10 * | | | | |
| | 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | 32 235 401 | 2,799. | 0. | _ |
| | TOO, AND THE | J4,2JJ,4UI. | 4,133. | 0. | 0. |

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | | | <u> </u> | (-), (-), | ``` |
|----------|--|-----------------------|------------------------------|-------------------------------------|--|
| | not include amounts reported on lines 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 U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | • | 31,157,826. | 31,157,826. | | |
| 4 | Benefits paid to or for members | | 02/20:/0201 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 28,000. | 27,429. | 84. | 487. |
| 8 | Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 1,302. | 1,276. | 3. | 23. |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| | a Management | | | | |
| | b Legal | | | | |
| | c Accounting | | | | |
| | d Lobbying | | | | |
| | e Prof fundraising svcs. See Part IV, In 17 | | | | |
| | Investment management fees | | | | - |
| | Other | | | | |
| | | | | | |
| | Advertising and promotion | 30 114 | | 20.056 | |
| 13 | Office expenses | 39,114. | 0. | 39,056. | 58. |
| 14 | Information technology | | | | |
| 15 | Royaltres | 10.052 | 10 600 | | |
| 16 | Occupancy | 12,963. | 12,699. | 38. | 226. |
| 17 18 | Travel 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 (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | COMPUTER AND MAILING SERVICES | 183,915. | 0. | 0. | 183,915. |
| | DONATIONS TO MISSIONS | 235,358. | 235,358. | 0. | 0. |
| | : INSURANCE | 2,353. | 0. | 2,353. | 0. |
| | STATE REGISTRATIONS | 24,245. | 0. | 22,265. | 1,980. |
| | BANK FEES | 8,425. | 0. | 8,425. | 0. |
| | All other expenses | 550,021. | 151,580. | 23,337. | 375,104. |
| | Total functional expenses. Add lines 1 through 24f | 32,243,522. | 31,586,168. | 95,561. | 561,793. |
| | Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the | | ,,, | | |
| | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| BAA | | | | | Form 990 (2008) |

| | | | (A) Beginning of year | | (E End of | | |
|-----------------------|--------------|---|--------------------------|--------------|---------------------|-------|----------------------|
| | 1 | Cash – non-interest-bearing | 241,524. | 1 | 43 | 33,9 | 22. |
| | 2 | Savings and temporary cash investments | 166,693. | 2 | | _ | 900. |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties 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 Schedule L | | 6 | | | |
| A | 7 | Notes and loans receivable, net | | 7 | | | |
| Ş | 8 | Inventories for sale or use | 48,000. | 8 | | | |
| A S E T S | 9 | Prepaid expenses and deferred charges | 1,000. | 9 | | 1.0 | 000. |
| - | _ | Land, buildings, and equipment cost basis | | | | | |
| | | Less: accumulated depreciation. Complete Part VI of | | | | | |
| | | Schedule D 10b | | 10c | | | |
| i | 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) | 457,217. | 16 | 4 | 79,8 | 322. |
| _ | 17 | Accounts payable and accrued expenses | 46,167. | 17 | | | 393. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| Ļ | 20 | Tax-exempt bond liabilities | | 20 | | | |
| À | 21 | Escrow account liability Complete Part IV of Schedule D | | 21 | | | |
| AB I LIT | 22 | Payables to current and former officers, directors, trustees, key employees, | | | | | |
| Ĭ | | highest compensated employees, and disqualified persons. Complete Part II | | | | | |
| ı | | of Schedule L | | 22 | | | |
| S | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | | |
| | 24 | Unsecured notes and loans payable | | 24 | | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | 46,167. | 26 | | /6,8 | <u> </u> |
| N E T | | Organizations that follow SFAS 117, check here ▶ X and complete lines | | | | | |
| | | 27 through 29 and lines 33 and 34. | 444 050 | | | | |
| Ş | 27 | Unrestricted net assets | 411,050. | 27 | 4 (| 02,9 | 929. |
| ASSETS | 28 | Temporarily restricted net assets | | 28 | | | |
| Q R | 29 | Permanently restricted net assets | | 29 | | | — |
| | | Organizations that do not follow SFAS 117, check here and complete | | | | | |
| FUND | | lines 30 through 34. | | 20 | | | |
| | 30 | Capital stock or trust principal, or current funds | . —. | 30 31 | | - | |
| BALANCES | 31 | Paid-in or capital surplus, or land, building, and equipment fund | | 32 | | | |
| Ă | 32 | Retained earnings, endowment, accumulated income, or other funds | 411 050 | 33 | | 12 0 | |
| Ę | 33 | Total net assets or fund balances. | 411,050. 457,217. | 34 | | | 9 <u>29.</u> 322. |
| | 134 1rt X | Total liabilities and net assets/fund balances Financial Statements and Reporting | 431,211. | J | | , , , | , , , , |
| Г | III | Financial Statements and Reporting | | | | Yes | No |
| 1 | ۸۵ | counting method used to prepare the Form 990 | Other | | | 163 | 140 |
| 1 | | ere the organization's financial statements compiled or reviewed by an independent a | | | 2a | | x |
| - | | ere the organization's financial statements complied or reviewed by an independent accountant? | occurrant. | | 2b | Х | ^ |
| | | Yes' to 2a or 2b, does the organization have a committee that assumes responsibility | for oversight of the au | -lit | - 2 9 | a | \vdash |
| | rev | riew, or compilation of its financial statements and selection of an independent accou | ntant? | <i>-</i> 11, | 2c | Х | <u></u> |
| 3 | a As | a result of a federal award, was the organization required to undergo an audit or aud | | ıngle | | | |
| | | dit Act and OMB Circular A-133? | | - | 3a | | x - |
| | | Yes,' did the organization undergo the required audit or audits? | | | 3b | gen | (2008) |
| BA | A | | | | FOIL | | ردننن) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

| Name o | of the organization | | | | | | | Employe | r identifica | tion number |
|--------------|--|---|--|---------------------------------|--|-----------------------------|--|------------------------------|-------------------------------|---|
| INT | ERNATIONAL CHI | LDRENS FUND | | | | | | 39~1 | 30343 | 0 |
| Parl | Reason for Pu | blic Charity Statu | s (All organizations | must d | omple | te this | part.) | (see ı | nstruct | ions) |
| | | | se it is: (Please check or | | | | | | | |
| 1 | A church, convente | on of churches or ass | ociation of churches desc | ribed in | section | 170(b) | 1 XAX i). | | | |
| 2 | | | AXII). (Attach Schedule E | | | | | | | |
| 3 | A hospital or coope | erative hospital service | e organization described | ın sectio | on 1 70 (b | XIXAXi | i i). (Atta | ach Sch | edule H Y |) |
| 4 | | | d in conjunction with a hi | | | | | | | |
| | name, city, and sta | | , | | | | | (-)(-)(-) | (, | or the mospitare |
| 5 | An organization op 170(b)(1)(A)(iv). (C | erated for the benefit complete Part II.) | of a college or university | | | - | | mental | unit desc | cribed in section |
| 6 7 | An organization that | local government or g at normally receives a XAXvi). (Complete Pa | governmental unit describ substantial part of its su art II.) | pport fro | ection 1: om a gov | 70(b)(1)(/ernmen | A)(v). tal unit | or from | the gene | eral public described |
| 8 | A community trust | described in section 1 | 70(b)(1)(A)(vi). (Complete | e Part II | .) | | | | | |
| 9 | investment income June 30, 1975 See | ted to its exempt funct and unrelated busines section 509(a)(2). (Co | • | exception 5 | ons, and 511 tax) | l (2) no from bu | more th sinesse | an 33-1/ s acquir | 3 % of it ed by the | ts support from gross e organization after |
| 10 | | | exclusively to test for pul | | | | | | | |
| 11 | describes the type | orted organizations de of supporting organiz | exclusively for the beneficescribed in section 509(a ation and complete lines |)(1) or s 11e thre | ection 5 ough 11 | 09(a)(2) า | See s | , or carr ection 5 | y out the 09(a)(3). | Check the box that |
| | _ a ∐ Type I | b ∐Type Ⅱ | | | ctionally | | | | 4 ∐ | Type III— Other |
| е | By checking this both than foundation ma 509(a)(2) | ox, I certify that the organization of the control | ganization is not controlle n one or more publicly su | ed direct pported | dy or ind organiz | lirectly bations d | y one o escribed | r more o | lisqualifi ion 509(a | ed persons other a)(1) or section |
| f | If the organization in check this box | | ermination from the IRS t | | | • | - | | _ | |
| g | Since August 17, 2 | 006, has the organizat | tion accepted any gift or | contribu | ution froi | m any o | f the fol | lowing p | ersons? | |
| | | | | | | | | | | Yes No |
| | (i) a person who | directly or indirectly overning body of the si | controls, either alone or to | ogether | with per | sons de | scribed | ın (ıı) ar | ıd (ııı) | 11g (i) |
| | | ber of a person describer | | | | | | | | 11g (ii) |
| | | • | described in (i) or (ii) ab | ove? | | | | | | |
| h | • • | • | he organizations the orga | | SUPPOR | rc . | | | | [11 g (iii) |
| | (i) Name of Supported | (ii) EIN | | 1 | | | | (-2) | T | 6-50 Amount of Council |
| | Organization | (B) E114 | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizat (i) lister gove | Is the tion in col d in your eming ment? | the organ | ou notify uzation in (1) of upport? | organizat | ted in the | (vii) Amount of Support |
| | | | | Yes | No | Yes | No | Yes | No | |
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| Total BAA | For Privacy Act and Pa | perwork Reduction Ac | ct Notice, see the Instruc | tions fo | r Form 9 | 90. | | Schedul | e A (Fori | m 990 or 990-EZ) 2008 |

| Sec | (Complete only if you check tion A. Public Support | ed the box on line | 5, 7, or 8 of Par | <u>t!)</u> | | | | | |
|------|---|---|---|------------------------------------|----------------------------|--------------|----------|-----------------------|------------|
| | endar year (or fiscal year inning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 200 |)8 | (f) To | tal |
| 1 | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') | | | | | | | | |
| | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | | | |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | | | |
| 4 | Total. Add lines 1-3 | | | | | | | | |
| 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) | | | | | | | | |
| | Public support. Subtract line 5 from line 4 | | | | | | | | |
| Sec | tion B. Total Support | | | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2004 | (ъ) 2005 | (c) 2006 | (d) 2007 | (e) 200 | 8 | (f) Tot | tal |
| 7 | Amounts from line 4 | | | | | | _ | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | | | |
| 9 | Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | | | |
| 10 | Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV) | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | · | | | | " | | | |
| 12 | Gross receipts from related activi | ties, etc. (see ins | tructions) | | · | | 12 | | |
| 13 | First five years. If the Form 990 organization, check this box and | s for the organiza | tion's first, secon | d, third, fourth, or | fifth tax year as a | section 50 | l (c)(3) |) | ▶ □ |
| Sec | tion C. Computation of Pub | lic Support Po | ercentage | | | | | | |
| 14 | Public support percentage for 200 | 08 (line 6, column | (f) divided by lin | e 11, column (f) | | | 14 | | % |
| 15 | Public support percentage for 200 | 07 Schedule A, Pa | art IV-A, line 26f | | | | 15 | | - % |
| 16a | 33-1/3 support test – 2008. If the and stop here. The organization of | organization did i qualifies as a publ | not check the box | on line 13, and t | he line 14 is 33-1/ | 3 % or more | e, che | ck this box | ▶ 🗌 |
| t | 33-1/3 support test – 2007. If the and stop here. The organization of | organization did i qualifies as a publ | not check a box of icly supported or | on line 13, or 16a, ganization. | and line 15 is 33-1 | 1/3% or mor | e, che | eck this box | ► □ |
| 17 a | 10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts- | neets the 'facts-a | nd-circumstances | s' test, check this b | oox and stop here. | Explain in l | Part I\ | V how | ► 🗌 |
| b | 10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and | neets the 'facts-ar | nd-circumstances | s' test, check this h | nox and stop here . | Explain in | Part IN | 5 is 10% V how the | ► □ |
| 18 | Private foundation. If the organiz | | | | | | | ructions | ►Ħ |
| BAA | | | | | | hedule A (F | | | 7) 2008 |

Page 3

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

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2004 (d) 2007 (e) 2008 (f) Total **(b)** 2005 (c) 2006 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') 10,358,973. 22,577,873. 25,926,225. 28,713,452. 91,320,975. 3,744,452. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 3,744,452. 10,358,973. 22,577,873. 25,926,225. 28,713,452. 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) 91,320,975. Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 91,320,975. 9 Amounts from line 6 3,744,452. 10,358,973. 22,577,873. 25,926,225. 28,713,452 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 4,421 466 1,261 4,163 9,714 20,025. b Unrelated husiness taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 20,025. c Add lines 10a and 10b 466. 1,261 4,163. 9,714. 4,421. 11 Net income from unrelated business activities not included inline 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.) 91,341,000. 13 Total support. (add Ins 9, 10c, 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 section 501(c)(3) organization, check this box and stop here ▶ □ Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 99.98% 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 99.98% Section D. Computation of Investment Income Percentage 17 0.02% 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 0.02% 19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

| Schedule . | A (Form 990 or 990-EZ) 200 | 08 INTERNAT | TIONAL | CHILDREN | S FUNI | 39-1303430 P | age 4 |
|------------|----------------------------|------------------|-------------|----------------|-----------|--|--------------|
| Part IV | Supplemental Inform | nation. Comple | te this i | part to provid | le the e | n 39-1303430 Perception of the second | |
| | Part II, line 17a or 1 | 7b; or Part III, | line 12. | Provide any | other a | additional information. (see instructions) | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

| INT | TERNATIONAL CHILDRENS FUND | | 39-1303430 |
|-----|--|--|--|
| Pai | t Organizations Maintaining Donor | Advised Funds or Other Similar Fund | ds or Accounts Complete if |
| | the organization answered 'Yes' to | Form 990, Part IV, line 6. | · · · · · · · · · · · · · · · · · · · |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and don funds are the organization's property, subject to | or advisors in writing that the assets held in do o the organization's exclusive legal control? . | nor advised Yes No |
| 6 | Did the organization inform all grantees, donor used only for charitable purposes and not for timpermissible private benefit?? | s, and donor advisors in writing that grant fund he benefit of the donor or donor advisor or othe | s may be er Yes No |
| Pai | t II Conservation Easements Comple | te if the organization answered 'Yes' | |
| _ | Purpose(s) of conservation easements held by | | |
| | Preservation of land for public use (e.g., re | | of an historically important land area |
| | Protection of natural habitat | | of certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a-2d if the organization held a of the tax year. | qualified conservation contribution in the form | of a conservation easement on the last day |
| | | | Held at the End of the Year |
| á | Total number of conservation easements | | 2a |
| | Total acreage restricted by conservation easer | | 2b |
| | Number of conservation easements on a certif | | 2c |
| | i Number of conservation easements included in | | 2d |
| 3 | Number of conservation easements modified, year ► | transferred, released, extinguished, or terminat | ed by the organization during the taxable |
| 4 | Number of states where property subject to co | nservation easement is located > | _ |
| 5 | Does the organization have a written policy recenforcement of the conservation easement it h | garding the periodic monitoring, inspection, viololds? | ations, and Yes No |
| 6 | Staff or volunteer hours devoted to monitoring | , inspecting, and enforcing easements during the | ne year ► |
| 7 | Amount of expenses incurred in monitoring, in | specting, and enforcing easements during the y | year ► \$ |
| 8 | Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(i)? | line 2(d) above satisfy the requirements of sec | ction . Yes No |
| 9 | In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements | orts conservation easements in its revenue and of the organization's financial statements that de | d expense statement, and balance sheet, and escribes the organization's accounting for |
| Pai | Organizations Maintaining Colle Complete if the organization ans | ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line | Other Similar Assets 8. |
| 1: | a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme | ic exhibition, education, or research in furthera | ent and balance sheet works of art, historical nce of public service, provide, in Part XIV, |
| 1 | b If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items: | SFAS 116, not to report in its revenue statement exhibition, education, or research in furtheral | ent and balance sheet works of art, historical nce of public service, provide the following |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | * \$ |
| | (ii) Assets included in Form 990, Part X | | - \$ |
| 2 | If the organization received or held works of a amounts required to be reported under SFAS | t, historical treasures, or other similar assets for 116 relating to these items: | or financial gain, provide the following |
| | a Revenues included in Form 990, Part VIII, line | 1 | ► \$ |
| 1 | Assets included in Form 990, Part X | | ► \$ |

| Schedule D (Form 990) 2008 INTE Part III Organizations Mainta | | | | Treasures, or | 39-130 Other Similar Asse | | Page 2 |
|---|-----------------------------|---|-------------------|-----------------------------|------------------------------|---------------------|-------------|
| 3 Using the organization's accession | | | | | | | |
| that apply): | | | | | | | |
| a Public exhibition | | | | change programs | | | |
| b Scholarly research | | e U Othe | r — | | | | |
| c Preservation for future gener | | | | | | | |
| 4 Provide a description of the orga Part XIV. | | • | • | _ | | e in | |
| 5 During the year, did the organiza assets to be sold to raise funds r | ather than to be | e maintained as part o | of the o | organization's colle | ection? | Yes | No |
| Part IV Trust, Escrow and Cu IV, line 9, or reported | stodial Arra an amount o | ngements Compl on Form 990, Par | ete ıf t X, li | organization a ne 21. | nswered 'Yes' to F | orm 990, | Part |
| 1a Is the organization an agent, trus included on Form 990, Part X? | stee, custodian, | or other intermediary | for co | ntributions or othe | er assets not | ☐ Yes | |
| b If 'Yes,' explain the arrangement | ın Part XIV an | d complete the follow | ing tab | le· | | ٠ ت | ш. |
| | | | | | | Amount | |
| c Beginning balance | | | | | 1c | | |
| d Additions during the year | | | | | 1d | | |
| e Distributions during the year | | | • | | 1e | | |
| f Ending balance | | | | | 16 | | |
| 2a Did the organization include an a | mount on Form | .000 Port V June 212 | , | | | Yes | No |
| | | 1990, Part A, line 217 | | | | ☐ res | Пио |
| b If 'Yes,' explain the arrangement Part V Endowment Funds Co | | anization answer | od 'V | oc' to Form 00 | Dart IV June 10 | | |
| raft v jelidowinelit rulius Co | | | | | | (-) [| b.a.l. |
| 1 . Daniel | (a) Current y | ear (b) Prior yes | ar | (c) Two years back | (d) Three years back | (e) Four | years back |
| 1a Beginning of year balance | | | | | | | |
| b Contributions | | | | | | | |
| c Investment earnings or losses | | | | | | | |
| d Grants or scholarships | | | _ | | | | |
| Other expenditures for facilities and programs | | | | | | ļ | |
| f Administrative expenses | | | | | | | |
| g End of year balance | | | | | | | |
| 2 Provide the estimated percentage | e of the year er | nd balance held as | | | | | |
| a Board designated or quasi-endov | vment ► | 8 | | | | | |
| b Permanent endowment | | | | | | | |
| c Term endowment ► | 8 | | | | | | |
| 3a Are there endowment funds not a organization by | n the possession | on of the organization | that ar | e held and admin | stered for the | Ye | es No |
| (i) unrelated organizations | | | | | | 3a(i) | |
| (ii) related organizations | | | | | | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related of | organizations lis | ited as required on So | chedule | e R? | | 3b | |
| 4 Describe in Part XIV the intended | d uses of the or | ganization's endowmi | ent fun | ds. | | | |
| Part VI Investments-Land, B | uildings, an | d Equipment. See | Forn | n 990, Part X, | line 10. | | |
| Description of investment | 1 (| a) Cost or other basis (investment) | | Cost or other pasis (other) | (c) Depreciation | (d) Bool | k Value |
| 1a Land | | | - | • | | | |
| b Buildings | F | | | | | | |
| c Leasehold improvements | F | | | | | | |
| d Equipment | <u> </u> | | 1 | | | | |
| e Other | | | | _ | | | |
| Total. Add lines 1a-1e (Column (d) sho | uld equal Far- | 000 Part V column | /B) ! | | | | |
| BAA | ruiu eyuai FORT | . 330, Fait ∧, Column | (<i>U),</i> III. | 10(0).) | Sche | dule D (Forn | n 990) 2008 |
| | | | | | 50110 | (, 011) | , |

| Part VII | Investments—Other Securities See | Form 990, Part X, line 12 | <u> </u> | |
|--------------|--|---------------------------------------|---|---|
| \ | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value | |
| Financial d | derivatives and other financial products | | | |
| | ld equity interests | | | |
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| | mn (b) should equal Form 990 Part X, col. (B) line 12) 🕒 | | | |
| Part VIII | Investments-Program Related (See | Form 990, Part X, line 1 | 13) | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation | |
| | | | Cost or end-of-year market value | |
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| Total Colum | n (b)(should equal Form 990, Part X, Col. (B) line 13) | • | | |
| Part IX | Other Assets (See Form 990, Part X | | | |
| I altix | | Description | (b) Book value | |
| | (a) | Description | (b) Book Value | |
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| Total. Colu | ımn (b) Total (should equal Form 990, Part X, c | col.(B), line 15) | | |
| Part X | Other Liabilities (See Form 990, Par | t X, line 25) | | |
| | (a) Description of Liability | (b) Amount | | |
| Federal Inc | come Taxes | | | |
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| | | 1 | | |
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| Total. Colum | n (b) Total (should equal Form 990, Part X, col (B) line 25) | P | | |
| In Part XIV | | | at reports the organization's liability for uncertain tax | |

Schedule D (Form 990) 2008 INTERNATIONAL CHILDRENS FUND

39-1303430

Page 3

| |) 2008 INTERNATIONAL CHILDRENS FUND | 39-130 | 3430 Page 4 |
|--|---|--------------------------|-----------------------|
| Part XI Reconci | iliation of Change in Net Assets from Form 990 to Financial St | tatements | |
| 1 Total revenue (Fo | orm 990, Part VIII,column (A), line 12) | · | 32,235,401. |
| 2 Total expenses (I | (Form 990, Part IX, column (A), line 25) | | 32,243,522. |
| 3 Excess or (deficit | it) for the year Subtract line 2 from line 1 | | -8,121. |
| 4 Net unrealized ga | ains (losses) on investments | | · |
| 5 Donated services | s and use of facilities | | |
| 6 Investment exper | nses | | |
| 7 Prior period adjust | stments | ĺ | |
| 8 Other (Describe i | ın Part XIV) | | |
| 9 Total adjustments | ts (net) Add lines 4-8 | | |
| | t) for the year per financial statements. Combine lines 3 and 9 | | $-8,12\overline{1}$. |
| Part XII Reconci | iliation of Revenue per Audited Financial Statements With Rev | venue per Return | |
| Total revenue, ga | ains, and other support per audited financial statements | 1 | 32,235,401. |
| 2 Amounts included | d on line 1 but not on Form 990, Part VIII, line 12. | | |
| a Net unrealized ga | ains on investments | | |
| | s and use of facilities 2b | | |
| c Recoveries of pri | or year grants . 2c | | |
| d Other (Describe i | ın Part XIV) 2d | | |
| e Add lines 2a thro | ough 2d | 2e | |
| 3 Subtract line 2e f | from line 1 | 3 | 32,235,401. |
| 4 Amounts included | d on Form 990, Part VIII, line 12, but not on line 1. | • | |
| a Investments expe | enses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe i | ın Part XIV) 4b | | |
| c Add lines 4a and | 4b | 4c | |
| | dd lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 32,235,401. |
| Part XIII Reconci | iliation of Expenses per Audited Financial Statements With E | xpenses per Retur | <u>n</u> |
| Total expenses a | and losses per audited financial statements | . 1 | 32,243,522. |
| 2 Amounts included | d on line 1 but not on Form 990, Part IX, line 25 | | |
| a Donated services | s and use of facilities 2a | | |
| b Prior year adjustr | ments 2b | | |
| c Losses reported of | on Form 990, Part IX, line 25 | | |
| d Other (Describe i | ın Part XIV) | | |
| e Add lines 2a thro | ough 2d | 2e | |
| 3 Subtract line 2e f | from line 1 | . 3 | 32,243,522. |
| 4 Amounts included | d on Form 990, Part IX, line 25, but not on line 1: | | |
| a Investments expe | enses not included on Form 990, Part VIII, line 7b | | |
| b Other (Describe ii | ın Part XIV) 4b | | |
| c Add lines 4a and | .4b | 4c | |
| | Add lines 3 and 4c (This should equal Form 990, Part I, line 18) | 5 | 32,243,522. |
| Part XIV Suppler | mental Information | | |
| Complete this part to p line 4, Part X; Part XI, | provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b | and 4, Part IV, lines 1t | and 2b, Part V, |
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| Schedule D | (Form 990) 2008 | INTERNATIONAL | CHILDRENS | FUND | | 39-1303430 | Page 5 |
|------------|-----------------|---------------------------------|------------|--------------|---|------------|-----------|
| Part XIV | Supplemental | INTERNATIONAL Information (cons | tınued) | | | | |
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Schedule F (Form 990)

Statement of Activities Outside the United States

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

2008 Open to Public

OMB No 1545-0047

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|---|--|---|--|---|--|
| Name of the organization | | | | Employer identif | ication number |
| INTERNATIONAL CHILD | RENS FUND | | | 39-13034 | 30 |
| Part I General Informati to Form 990, Part | ion on Activitie IV, line 14b. | es Outside the | United States. Comple | ete if the organization | answered 'Yes' |
| 1 For grantmakers. Does the grantees' eligibility for the g | organization mair grants or assistant | ntain records to si ce, and the select | ubstantiate the amount of the ion criteria used to award the | e grants or assistance, the grants or assistance? | X Yes No |
| 2 For grantmakers. Describe | ın Part IV the org | anızatıon's proced | dures for monitoring the use | of grant funds outside the | United States. |
| 3 Activities per Region (Use | Schedule F-1 (For | rm 990) if addition | nal space is needed) | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipien located in the region) | (d) is a program service, describe | (f) Total expenditures in region |
| Sub-Saharan Africa | 0 | 0 | PROGRAM SERVICE | DELIVERY OF ITEMS | 68,785. |
| Sub-Saharan Africa | 0 | 0 | PROGRAM SERVICE | MEDICINE FOOD | 31,089,041. |
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31,157,826.

39-1303430

INTERNATIONAL CHILDRENS FUND

Schedule F (Form 990) 2008

Page 2

(f) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2008 31,089,041. MEDICINE FOOD CASH VALUE Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to
Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
Use Schedule F-1 (Form 990) if additional space is needed. (h) Description of non-cash assistance 2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (g) Amount of non-cash assistance (f) Manner of cash disbursement CASH 68,785. (e) Amount of cash grant Sub-Saharan Africa ASSIST POOR (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) 3 Enter total number of other organizations or entities BAA (a) Name of organization

Page 3

Schedule F (Form 990) 2008 INTERNATIONAL CHILDRENS FUND

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

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2008 FMW 31,089,041. MEDICINE FOOD (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement CASH 68,785. (d) Amount of cash grant (c) Number of recipients Sub-Saharan Africa 7 (b) Region (a) Type of grant or assistance CASH AND NON CASH A A

| | INTERNATIONAL CHILDRENS FUND | 39-1303430 | Page 4 |
|----------------------|---|----------------|---------------|
| Part IV Supplemental | | | |
| Complete this par | t to provide the information required in Part I, line 2, and any other addition | al information | |
| Pt_I_Line_2 | CASH GRANTS WERE DONATED TO MINISTRIES TO PA | Y FOR | |
| | DELIVERY OF DONATED MEDICINE, FOOD AND CLOTH | IING. | |
| Pt I Line 3 Col (F) | ORGANIZATION DISTRIBUTED MEDICINE, FOOD AND | CLOTHING | |
| | TO MINISTRIES AND MONITORED THE DISTRIBUTION | ON OF | · |
| | THE ITEMS BY BILLS OF LADING AND VISUAL INSE | PECTION. | |
| Part III Col (C) | THE ORGANIZATION DISTRIBUTED THE MEDICINE, F | FOOD AND | |
| | CLOTHING TO 7 MINISTRIES. | | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

| | of the organization | | | | | Employer identifica | tion number |
|-----|---|--|---------------------------|-----------------------------|--|--|--------------------------------------|
| INT | INTERNATIONAL CHILDRENS FUND 39-1303430 | | | | | | |
| Par | | | he orgai | nization | answered 'Yes' to I | orm 990, Part IV, | line 17. |
| | Indicate whether the organization r | | | | | | |
| | X Mail solicitations | | | | Solicitation of non- | government grants | |
| | Email solicitations | | | | Solicitation of gover | rnment grants | |
| | Phone solicitations | | | | Special fundraising | events | |
| | In-person solicitations | | | | | | |
| 2a | Did the organization have written of employees listed in Form 990, Par | or oral agreeme t VII) or entity ii | nt with any n connecti | y individua on with pro | l (including officers, dire ofessional fundraising se | ectors, trustees or key ervices? | Yes X No |
| Ь | If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the | dividuals or enti e organization | ities (fundi Form 990 | raisers) pu EZ filers a | irsuant to agreements u re not required to comp | nder which the fundrais lete this table | er is to be |
| | (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did | fundraiser dy or control | (iv) Gross receipts | (v) Amount paid to (or retained by) fundraiser listed in | (vi) Amount paid to (or retained by) |
| | or entity (turidraiser) | | | ibutions? | | col.(ı) | organization |
| | | | Yes | No | | | - |
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| | Total | | | <u> </u> | <u> </u> | | <u> </u> |
| 3 | List all states in which the organization licensing | ation is register | ed or licer | sed to sol | icit funds or has been n | otified it is exempt from | registration |
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| Sche | edule | G (Form 990 or 990-EZ) 2008 INTERN. | | | | 03430 | Page 2 |
|-----------------|---------|---|------------------------|---|------------------------|--|------------------|
| Par | t II | Fundraising Events. Complete if reported more than \$15,000 on F | the organization a | nswered 'Yes' to Fo | rm 990, Part IV, lin | ne 18, or | 200 |
| | | reported more than \$15,000 on F | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Ev (Add col. (a) (col. (c) | vents through |
| R | | | (event type) | (event type) | (total number) | COI. (C) | , |
| REVENUE | 1 | Gross receipts | | | | | |
| E | 2 | Less: Charitable contributions | | | | <u> </u> | |
| | 3 | Gross revenue (line 1 minus line 2) | | | | <u> </u> | |
| n | 4 | Cash prizes | | | _ | | |
| DIRECT | 5 | Non-cash prizes | | <u> </u> | | 1 | |
| | 6 | Rent/facility costs | | | | - | |
| EXPENSES | 7 | Other direct expenses | | <u> </u> | | <u> </u> | |
| E S | | Direct expense summary Add lines 4- th Net income summary. Combine lines 3 ai | 3 (1) | •• | > | | |
| Par | | Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a | ation answered 'Ye | s' to Form 990, Par | t IV, line 19, or rep | orted more t | han |
| REVENUE | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total ga (Add col (a) t col. (c) | through |
| Ē | 1 | Gross revenue | | | | | |
| F | 2 | Cash prizes . | | | | | |
| DIRECT | 3 | Non-cash prizes | | | | | |
| C S T E S | 4 | Rent/facility costs | | | | | |
| | 5 | Other direct expenses | | | | | |
| | 6 | Volunteer labor | Yes % | Yes % | Yes% | | |
| | 7 | Direct expense summary Add lines 2 three | ough 5 in column (d) | | • | | |
| | 8 | Net gaming income summary. Combine li | ines 1 and 7 in column | (d) | • | | |
| а | ls th | er the state(s) in which the organization op e organization licensed to operate gaming | • • | | | 9a | S NO |
| | | o,' Explain: | | | | | |
| | | e any of the organization's gaming license es,' Explain: | s revoked, suspended o | or terminated during the | tax year? | 10a | + |
| 11 | Doe: | s the organization operate gaming activities | es with nonmembers? | · | | 11 | |
| 12 | Is th | e organization a grantor, beneficiary or truinister charitable gaming? | | mber of a partnership or | other entity formed to | 12 | |

| chedule G (Form 990 or 990-EZ) 2008 INTERNA | ATIONAL CHILDRENS FUND | 39-130343 | | _Page |
|--|--|----------------------|----------|---------|
| 12 Indicate the management of any article and a second | and a disconnection of the second control of | 1 1 1 | Y | ES NO |
| 13 Indicate the percentage of gaming activity ope a The organization's facility | rated in: | 13a % | | |
| b An outside facility | | 13a & | | - |
| 14 Provide the name and address of the person v | who prepares the organization's gaming/special evi | | i | |
| Name • | | | | |
| Address • | | | | |
| 15a Does the organization have a contact with a th | | | 15a | |
| b If 'Yes,' enter the amount of gaming revenue r | received by the organization \$ | and the amount | | |
| of gaming revenue retained by the third party | \$ | | ł | |
| c If 'Yes,' enter name and address: | | | | |
| Name: ► | | | | |
| Address: ► | | | | |
| 16 Gaming manager information | | | | |
| Name: • | | | | |
| Gaming manager compensation ► \$ | _ | | | |
| Description of services provided: | | | | |
| ☐ Director/officer ☐ Employee | e Independent contractor | | | |
| 17 Mandatory distributions | | | | |
| a Is the organization required under state law to state gaming license? | make charitable distributions from the gaming pro- | | 17a | |
| b Enter the amount of distributions required under | er state law distributed to other exempt organizatio | ns or spent in the | | |
| organization's own exempt activities during the | e tax year. 🕨 \$ | | | |
| AA | TEEA3703 07/18/08 | Schedule G (Form 990 | or 990-l | EZ) 200 |

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

zations that answered 'Yes'

V. lines 29 or 30.

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

| | NTERNATIONAL CHILDRENS FUND 39-1303430 | | | | | | | |
|-------------|--|-------------------------------|-----------------------------|---|-------|-------------------|-------------------------------|------|
| Pa | rt I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | Meth | _ | d) determir nues | ning |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art-Historical treasures | | | | | | | |
| 3 | Art-Fractional interests | | | | | | | |
| 4 | Books and publications | | - | | | | | |
| 5 | Clothing and household goods | х | | 5,207,520. | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | i T | | | · | | | |
| 9 | Securities—Publicly traded | | | | | | | |
| 10 | Securities—Closely held stock | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities-Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution (historic structures) | | | | | | | |
| 14 | Qualified conservation contribution (other) | | | | | | | |
| 15 | Real estate—Residential | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | Х | 2 | 25,881,521. | | | | |
| 21 | Taxidermy . | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | Other ▶ () | L | | | | | | |
| 27 | Other ▶ () | | | | | | | |
| 28 | Other ► (| LL | | | | | | |
| 29 | Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones | on during the t | ax year for contribution | ns for which the | | | | |
| | organization completed Form 8283, Part IV, Done | e Acknowledg | ement . | Ĺ | 29 | — | | |
| | | | | | | \longrightarrow | Yes | No |
| 30 a | During the year, did the organization receive by co hold for at least three years from the date of the in | ntribution any | property reported in F | Part I, lines 1-28 that it r | nust | 1 1 | | |
| | | utial contribut | ion, and which is not re | equired to be used for e | xempt | | | |
| | purposes for the entire holding period? | | | | | 30 a | | X |
| | of Yes,' describe the arrangement in Part II. | | | | _ | _ | | |
| 31 | Does the organization have a gift acceptance police | y that require | s the review of any no | n-standard contributions | | 31 | X | |
| 32 a | Does the organization hire or use third parties or renoncash contributions? | elated organiz | eations to solicit, proce | ess, or sell | | 32a | | х |
| b | If 'Yes,' describe in Part II | | | | | | | |
| 33 | If the organization did not report revenues in colun describe in Part II. | nn (c) for a ty | pe of property for whic | h column (a) is checked | l, | | | |

| Schedule | M (Form 990) 2008 | INTERNATIONAL | CHILDRENS | FUND | 39-1303430 | Page 2 |
|-------------|-------------------|----------------------|-----------------|-------------------------|---|------------|
| Part II | Supplemental In | formation. Comple | te this part to | provide the information | 39-1303430 required by Part I, lines 30b | , 32b, |
| | and 33. Also cor | nplete this part for | any additiona | information. | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

| INTERNATIONAL CHILDRENS FUND | 39-1303430 | | |
|--|--------------------------|--|--|
| Pt VI-A, Line 10 The Board of Directors (governing body) meets | | | |
| a minimum of 4 times each year. The discussion | ons | | |
| and conclusions of each meeting are documented | i | | |
| in minutes that are prepared by the Corporate | | | |
| Secretary and after approval are signed and | | | |
| placed in the corporate minute book. | | | |
| There are no committees and the board acts as the | he sole governing body. | | |
| Pt VI-B, Line 12c The organization's board has approved and adop | oted | | |
| a written conflict of interest policy. | | | |
| Pt VI-B, Line 15 The organization has only one employee, the CF | <u> </u> | | |
| The compensation of the CEO is determined by t | <u>he</u> | | |
| Board and is reviewed annually. The compensat | ion | | |
| has been nominal (currently \$28,000) and so is | s_not | | |
| justified_based_upon_comparables_or_contemporar | neous substantiation. | | |
| Pt_VI-C, Line 19 The organization posts its annual report, 990, | · | | |
| and audit report on the ICF website. Other | | | |
| information and documentation are available | | | |
| for distribution upon request. | | | |
| Pt XI, Line 2c The organization does not have a specific | | | |
| committee responsible for the activities indic | cated | | |
| and instead relies upon the Board of Directors to | perform these functions. | | |
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| Schedule 0 (Form 990) 2008 | Page 2 |
|--|---|
| Name of the organization | Employer identification number |
| INTERNATIONAL CHILDRENS FUND | 39-1303430 |
| Marcy and David Bruenning are married. Due to | o_the |
| family relationship, Marcy Bruenning participa | ites |
| on the board only as a NON-VOTING member. | |
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Supporting Statement of:

Form 990 p 10/Line 3 col (B)

| Description | Amount |
|---------------|-------------|
| GIFTS IN KIND | 31,089,041. |
| GRANTS | 68,785. |
| Total | 31,157,826. |

Supporting Statement of:

Schedule M/Line 20 column (c)

| Description | Amount |
|------------------|-------------|
| MEDICAL PHARM | 25,864,321. |
| MEDICAL SUPPLIES | 17,200. |

Total <u>25,881,521.</u>

Form 990, Page 6, Line 17 States Form 990 Filed In

| |
|----------------|
| Alabama |
| Arkansas |
| California |
| Delaware |
| Connecticut |
| Delaware |
| Florida |
| Georgia |
| Idaho |
| Illinois |
| Indiana |
| |
| Iowa |
| Kansas |
| Kentucky |
| Louisiana |
| Maine |
| Maryland |
| Massachusetts |
| Michigan |
| Minnesota |
| Mississippi |
| Missouri |
| Montana |
| Nebraska |
| Nevada |
| New Hampshire |
| New Jersey |
| New Mexico |
| New York |
| North Carolina |
| North Dakota |
| Ohio |
| Oklahoma |
| Oregon |
| Pennsylvania |
| Rhode Island |
| South Carolina |
| South Dakota |
| Tennessee |
| Texas |
| |
| Utah |
| Vermont |
| Virginia |
| West Virginia |
| Washington |
| Wisconsin |
| Wyoming |