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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
GLOBAL FUND FOR CHILDREN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1101 14TH ST NW NO 420 | Room/suite

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

D Employer identification number 56-1834887

E Telephone number (202) 331-9003

G Gross receipts $ 9,559,122

F Name and address of principal officer
KRISTIN LINDSEY
1101 14TH ST NW NO 420
WASHINGTON,DC 20005

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number

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

J **Website:** WWW GLOBALFUNDFORCHILDREN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other | L Year of formation 1984 | M State of legal domicile NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
ADVANCE THE EDUCATION AND DIGNITY OF CHILDREN AND YOUTH AROUND THE WORLD

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	38
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	6,169,471	9,464,045
9	Program service revenue (Part VIII, line 2g)	15,557	10,279
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,615	22,268
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,401	62,530
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,244,044	9,559,122
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,413,698	3,862,366
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,998,811	2,423,070
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 826,434		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,522,002	1,642,330
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,934,511	7,927,766
19	Revenue less expenses Subtract line 18 from line 12	-690,467	1,631,356

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,342,199	9,317,599
21	Total liabilities (Part X, line 26)	531,012	694,803
22	Net assets or fund balances Subtract line 21 from line 20	6,811,187	8,622,796

Part II Signature Block

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

Sign Here

****** | 2012-03-28
Signature of officer | Date

KRISTIN LINDSEY CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
ROBERT CASEY	ROBERT CASEY			

Firm's name CLIFTONLARSONALLEN LLP | Firm's EIN

Firm's address 2900 SOUTH QUINCY ST SUITE 150 ARLINGTON, VA 22206 | Phone no (703) 998-5100

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

TO ADVANCE THE DIGNITY OF CHILDREN WORLDWIDE BY MAKING SMALL GRANTS TO INNOVATIVE COMMUNITY-BASED ORGANIZATIONS WORKING WITH MANY OF THE WORLD'S MOST VULNERABLE CHILDREN AND BY HARNESSING THE POWER OF CHILDREN'S BOOKS, FILMS, AND DOCUMENTARY PHOTOGRAPHY TO PROMOTE GLOBAL UNDERSTANDING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 6,266,567 including grants of $ 3,862,366) (Revenue $ 48,911)

GRANTMAKING THE GLOBAL FUND FOR CHILDREN MAKES GRANTS TO INNOVATIVE COMMUNITY-BASED EDUCATIONAL ORGANIZATIONS GLOBALLY SERVING VULNERABLE CHILDREN AND YOUTH

4b (Code) (Expenses $ 313,099 including grants of $) (Revenue $)

COMMUNICATIONS THROUGH THE POWER OF BOOKS, DOCUMENTARY PHOTOGRAPHY, FILMS AND DIGITAL MEDIA, THE GLOBAL MEDIA VENTURES PROGRAM SHARED THE STORIES AND VOICES OF CHILDREN AND YOUTH AROUND THE WORLD, PROMOTING THEIR DIGNITY AND ADVANCING GLOBAL CITIZENSHIP

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 6,579,666

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
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		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a: 14			
b	Enter the number of voting members included in line 1a, above, who are independent	1b: 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

THE ORGANIZATION
1101 14TH ST NW NO 420
WASHINGTON, DC 20005
(202) 331-9003

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

Check if Schedule O contains a response to any question in this Part VII . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JULIETTE GIMON CHAIR	5 00	X		X				0	0	0
(2) ROBERT SCULLY VICE CHAIR	1 00	X		X				0	0	0
(3) SANJIV KHATTRI TREASURER	1 00	X		X				0	0	0
(4) SARAH PEROT SECRETARY	1 00	X		X				0	0	0
(5) JAMES SHERIDAN DIRECTOR	1 00	X						0	0	0
(6) MARK MCGOLDRICK DIRECTOR	1 00	X						0	0	0
(7) PETER BRIGER DIRECTOR	1 00	X						0	0	0
(8) JOAN PLATT DIRECTOR	1 00	X						0	0	0
(9) PATRICIA ROSENFIELD DIRECTOR	1 00	X						0	0	0
(10) RICK BURDICK DIRECTOR	1 00	X						0	0	0
(11) JAMES ESPOSITO DIRECTOR	1 00	X						0	0	0
(12) ARNAB GHATTAK DIRECTOR	1 00	X						0	0	0
(13) MAYA AJMERA PAST PRESIDENT/FOUNDER	40 00			X				180,500	0	16,902
(14) KRISTIN LINDSEY CEO	40 00			X				0	0	0
(15) MITCHELL FENSTER VP FINANCE	40 00			X				125,037	0	4,559
(16) VICTORIA DUNNING VP PROGRAMS	40 00			X				144,530	0	15,638

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(17) JEREMY IRVINE VP COMMUNICATIONS	40 00			X				121,000	0	20,539
(18) HAIDA MCGOVERN VP DEVELOPMENT	40 00			X				131,006	0	5,200

1b Sub-Total . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . . ▶			
d Total (add lines 1b and 1c) . . . . ▶	702,073	0	62,838

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶5

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue

Section	Line	Description	Amount / Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,464,045				
	g	Noncash contributions included in lines 1a-1f $	40,395				
	h	**Total.** Add lines 1a-1f . . . . ▶		9,464,045			
Program Service Revenue			Business Code				
	2a	ONLINE BOOKSTORE SALES	451211	10,279	10,279		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		10,279			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		22,268			22,268
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶		38,632	38,632		
	6a	Gross Rents — (i) Real: 17,591; (ii) Personal:					
	b	Less rental expenses — (i) Real: ; (ii) Personal:					
	c	Rental income or (loss) — (i) Real: 17,591; (ii) Personal:					
	d	Net rental income or (loss) . . . . ▶		17,591			17,591
	7a	Gross amount from sales of assets other than inventory — (i) Securities: ; (ii) Other:					
	b	Less cost or other basis and sales expenses — (i) Securities: ; (ii) Other:					
	c	Gain or (loss) — (i) Securities: ; (ii) Other:					
	d	Net gain or (loss) . . . . ▶					
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b	Less direct expenses . . . b					
	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 . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	6,307			6,307
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		6,307			
	12	**Total revenue.** See Instructions . . . ▶		9,559,122	48,911	0	46,166

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	178,111	178,111		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	3,684,255	3,684,255		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	747,347	486,687	60,861	199,799
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	1,347,702	950,713	91,225	305,764
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	59,903	41,084	3,273	15,546
9	Other employee benefits	129,465	89,652	9,886	29,927
10	Payroll taxes	138,653	95,178	10,030	33,445
a	Fees for services (non-employees) Management				
b	Legal	1,927			1,927
c	Accounting	25,815		25,815	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	182,412	96,617	67,324	18,471
12	Advertising and promotion				
13	Office expenses	153,849	21,812	94,334	37,703
14	Information technology	99,483	4,962	92,822	1,699
15	Royalties . .				
16	Occupancy	365,646	255,393	26,451	83,802
17	Travel	173,096	124,852	17,673	30,571
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,018	19,845	3,353	1,820
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,074		76,074	
23	Insurance	20,872		20,872	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	KNOWLEDGE EXCHANGES	194,021	194,021		
b	HUMAN RESOURCES	108,410	28,042	74,771	5,597
c	ANNUAL REPORT	51,318	44,922	3,200	3,196
d	INTERN/TEMPORARY HELP	38,015	38,015		
e	BOOKS AND PUBLICATIONS	26,034	25,172		862
f	All other expenses	100,340	200,333	-156,298	56,305
25	**Total functional expenses.** Add lines 1 through 24f	7,927,766	6,579,666	521,666	826,434
26	**Joint costs.** Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	103,194	1	18,815
	2	Savings and temporary cash investments	4,425,327	2	1,851,291
	3	Pledges and grants receivable, net	1,358,431	3	5,845,028
	4	Accounts receivable, net	37,037	4	29,188
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	18,455	8	18,455
	9	Prepaid expenses and deferred charges	68,917	9	66,987
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 643,458			
	b	Less accumulated depreciation — 10b: 332,464	377,227	10c	310,994
	11	Investments—publicly traded securities	939,895	11	1,159,251
	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	13,716	15	17,590
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,342,199	16	9,317,599
Liabilities	17	Accounts payable and accrued expenses	129,050	17	284,855
	18	Grants payable	92,000	18	120,696
	19	Deferred revenue	1,435	19	3,470
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	8,271	24	5,970
	25	Other liabilities Complete Part X of Schedule D	300,256	25	279,812
	26	**Total liabilities.** Add lines 17 through 25	531,012	26	694,803
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,480,145	27	1,148,302
	28	Temporarily restricted net assets	4,247,337	28	6,390,789
	29	Permanently restricted net assets	1,083,705	29	1,083,705
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,811,187	33	8,622,796
	34	Total liabilities and net assets/fund balances	7,342,199	34	9,317,599

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,559,122
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,927,766
3	Revenue less expenses Subtract line 2 from line 1	3	1,631,356
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	6,811,187
5	Other changes in net assets or fund balances (explain in Schedule O)	5	180,253
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,622,796

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GLOBAL FUND FOR CHILDREN

Employer identification number
56-1834887

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,965,011	8,187,108	7,322,644	6,268,791	9,464,045	36,207,599
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,965,011	8,187,108	7,322,644	6,268,791	9,464,045	36,207,599
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)						10,859,426
6 **Public Support.** Subtract line 5 from line 4						25,348,173

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,965,011	8,187,108	7,322,644	6,268,791	9,464,045	36,207,599
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	166,272	167,398	72,951	40,920	60,900	508,441
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	12				6,307	6,319
11 **Total support** (Add lines 7 through 10)						36,722,359

12 Gross receipts from related activities, etc (See instructions) | 12 | 55,733

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	69 030 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	64 140 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GLOBAL FUND FOR CHILDREN

Employer identification number
56-1834887

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶________

4 Number of states where property subject to conservation easement is located ▶________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	1,083,705	1,080,982	1,077,436		
b	Contributions		2,723	3,546		
c	Investment earnings or losses			7,434		
d	Grants or scholarships					
e	Other expenditures for facilities and programs			7,434		
f	Administrative expenses					
g	End of year balance	1,083,705	1,083,705	1,080,982		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		376,030	138,248	237,782
d Equipment		267,428	194,216	73,212
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				310,994

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED LEASEHOLD ALLOWANCE	279,812
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	279,812

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	GLOBAL FUND FOR CHILDREN IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) THE INTERNAL REVENUE SERVICE HAS CLASSIFIED GFC AS A PUBLICLY SUPPORTED FOUNDATION UNDER SECTION 509(A)(1) AND 170(B)(1)(A)(VI) OF THE IRC THE GLOBAL FUND FOR CHILDREN UK TRUST IS EXEMPT FROM TAX IN THE UK UNDER SECTION 505 OF THE TAXES ACT OF 1988 GLOBAL FUND FOR CHILDREN HAS ADOPTED THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THE IMPLEMENTATION OF THIS GUIDANCE HAD NO IMPACT ON GLOBAL FUND FOR CHILDREN'S FINANCIAL STATEMENTS GLOBAL FUND FOR CHILDREN BELIEVES IT HAS APPROPRIATE SUPPORT FOR UNRELATED TRADE OR BUSINESS POSITIONS AND, AS A RESULT, DOES NOT HAVE UNCERTAIN INCOME TAX POSITIONS THAT HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS GLOBAL FUND FOR CHILDREN FILES AS A TAX-EXEMPT ORGANIZATION GLOBAL FUND FOR CHILDREN'S 2008, 2009 AND 2010 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493094002092

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GLOBAL FUND FOR CHILDREN

Employer identification number
56-1834887

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			0

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 Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶ 265

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 GLOBAL FUND FOR CHILDREN MONITORS THE USE OF GRANT FUNDS OUTSIDE OF THE US BY REQUIRING GRANTEES TO SUBMIT INTERIM AND FINAL NARRATIVE AND FINANCIAL REPORTS TO OUR PROGRAM OFFICERS WHO MONITOR THEIR GRANTEES ADDITIONALLY GFC COMPILES AND INPUTS DATA INTO OUR GRANTS MANAGEMENT AND METRICS SYSTEM PROGRAM OFFICERS ALSO PERFORM SITE VISITS TYPICALLY ON A BIANNUAL BASIS THE GRANTS MANAGER ENSURES GRANT COMPLIANCE AND COMPLIANCE WITH US TREASURY VOLUNTARY GUIDELINES FOR ORDER 13224

Additional Data

Software ID:
Software Version:
EIN: 56-1834887
Name: GLOBAL FUND FOR CHILDREN

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & PACIFIC\CAMBODIA	PRIMARY GRANT	6,000				
		EAST ASIA & PACIFIC\CAMBODIA	ORGANIZATIONAL DEVELOPMENT AWARD, HEALTH AND WELL BEING GRANT, OPPORTUNITY GRANT, PRIMARY GRANT	21,350				
		EAST ASIA & PACIFIC\CAMBODIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,000				
		EAST ASIA & PACIFIC\CAMBODIA	PRIMARY GRANT	6,000				
		EAST ASIA & PACIFIC\CAMBODIA	ORGANIZATIONAL DEVELOPMENT AWARD, HEALTH AND WELL BEING GRANT, PRIMARY GRANT	17,700				
		EAST ASIA & PACIFIC\CAMBODIA	PRIMARY GRANT	6,000				
		EAST ASIA & PACIFIC\CHINA	PRIMARY GRANT	6,500				
		EAST ASIA & PACIFIC\CHINA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,500				
		EAST ASIA & PACIFIC\CHINA	PRIMARY GRANT	6,500				
		EAST ASIA & PACIFIC\CHINA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	7,000				
		EAST ASIA & PACIFIC\CHINA	SUSTAINABILITY AWARD, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	43,500				
		EAST ASIA & PACIFIC\CHINA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	10,000				
		EAST ASIA & PACIFIC\CHINA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	19,000				
		EAST ASIA & PACIFIC\CHINA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,000				
		EAST ASIA & PACIFIC\INDONESIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	16,000				
		EAST ASIA & PACIFIC\INDONESIA	PRIMARY GRANT, EMERGENCY GRANT, HEALTH AND WELL BEING GRANT	17,000				
		EAST ASIA & PACIFIC\INDONESIA	EMERGENCY GRANT, HEALTH AND WELL BEING GRANT, PRIMARY GRANT	18,000				
		EAST ASIA & PACIFIC\INDONESIA	TECHNOLOGY GRANT (2), PRIMARY GRANT	11,000				
		EAST ASIA & PACIFIC\LAOS	PRIMARY GRANT	9,000				
		EAST ASIA & PACIFIC\LAOS	PRIMARY GRANT	6,000				
		EAST ASIA & PACIFIC\MONGOLIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	11,000				
		EAST ASIA & PACIFIC\MONGOLIA	TECHNOLOGY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	15,000				
		EAST ASIA & PACIFIC\MONGOLIA	PRIMARY GRANT	6,000				
		EAST ASIA & PACIFIC\PHILIPPINES	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	9,000				
		EAST ASIA & PACIFIC\PHILIPPINES	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	12,000				
		EAST ASIA & PACIFIC\PHILIPPINES	PRIMARY GRANT	9,000				
		EAST ASIA & PACIFIC\PHILIPPINES	HEALTH AND WELL BEING GRANT, PRIMARY GRANT, SUSTAINABILITY AWARD	42,000				
		EAST ASIA & PACIFIC\PHILIPPINES	TECHNOLOGY GRANT, PRIMARY GRANT	9,000				
		EAST ASIA & PACIFIC\THAILAND	PRIMARY GRANT	7,000				
		EAST ASIA & PACIFIC\THAILAND	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	17,000				

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & PACIFIC\THAILAND	PRIMARY GRANT	6,000				
		EAST ASIA & PACIFIC\THAILAND	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, EMERGENCY GRANT, OPPORTUNITY GRANT	24,000				
		EAST ASIA & PACIFIC\TIMOR-LESTE	TECHNOLOGY GRANT (2), PRIMARY GRANT, HEALTH AND WELL BEING GRANT	22,500				
		EAST ASIA & PACIFIC\VIETNAM	TECHNOLOGY GRANT (2), OPPORTUNITY GRANT, PRIMARY GRANT	15,500				
		EUROPE & CENTRAL ASIA\BOSNIA AND HERZEGOVINA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	8,000				
		EUROPE & CENTRAL ASIA\BULGARIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	12,000				
		EUROPE & CENTRAL ASIA\BULGARIA	PRIMARY GRANT	7,000				
		EUROPE & CENTRAL ASIA\GEORGIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, TECHNOLOGY GRANT (2), SUSTAINABILITY AWARD	45,500				
		EUROPE & CENTRAL ASIA\HUNGARY	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	10,000				
		EUROPE & CENTRAL ASIA\HUNGARY	PRIMARY GRANT	8,000				
		EUROPE & CENTRAL ASIA\KAZAKHSTAN	PRIMARY GRANT	6,000				
		EUROPE & CENTRAL ASIA\KAZAKHSTAN	TECHNOLOGY GRANT (2), HEALTH AND WELL BEING GRANT, PRIMARY GRANT	17,500				
		EUROPE & CENTRAL ASIA\KAZAKHSTAN	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	6,500				
		EUROPE & CENTRAL ASIA\KAZAKHSTAN	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	8,000				
		EUROPE & CENTRAL ASIA\KYRGYZSTAN	TECHNOLOGY GRANT (2), PRIMARY GRANT	13,500				
		EUROPE & CENTRAL ASIA\KYRGYZSTAN	OPPORTUNITY GRANT, EMERGENCY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	12,750				
		EUROPE & CENTRAL ASIA\MOLDOVA	PRIMARY GRANT	7,000				
		EUROPE & CENTRAL ASIA\MOLDOVA	PRIMARY GRANT	5,000				
		EUROPE & CENTRAL ASIA\MOLDOVA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	9,000				
		EUROPE & CENTRAL ASIA\ROMANIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	11,000				
		EUROPE & CENTRAL ASIA\ROMANIA	SUSTAINABILITY AWARD, PRIMARY GRANT	37,000				
		EUROPE & CENTRAL ASIA\RUSSIA	PRIMARY GRANT	13,000				
		EUROPE & CENTRAL ASIA\RUSSIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT, ORGANIZATIONAL DEVELOPMENT AWARD	20,000				
		EUROPE & CENTRAL ASIA\SERBIA	PRIMARY GRANT	8,000				
		EUROPE & CENTRAL ASIA\SERBIA	EMERGENCY GRANT, SUSTAINABILITY AWARD, TECHNOLOGY GRANT, PRIMARY GRANT	39,750				
		EUROPE & CENTRAL ASIA\SERBIA	PRIMARY GRANT	7,000				
		EUROPE & CENTRAL ASIA\SERBIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	12,000				
		EUROPE & CENTRAL ASIA\TAJIKISTAN	OPPORTUNITY GRANT, HEALTH AND WELL BEING GRANT, PRIMARY GRANT	9,375				
		EUROPE & CENTRAL ASIA\TAJIKISTAN	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,000				
		EUROPE & CENTRAL ASIA\TURKEY	PRIMARY GRANT, OPPORTUNITY GRANT, HEALTH AND WELL BEING GRANT	11,000				

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE & CENTRAL ASIA\TURKEY	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	13,500				
		EUROPE & CENTRAL ASIA\TURKEY	PRIMARY GRANT, ORGANIZATIONAL DEVELOPMENT AWARD	11,000				
		EUROPE & CENTRAL ASIA\TURKEY	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	7,000				
		EUROPE & CENTRAL ASIA\TURKEY	ORGANIZATIONAL DEVELOPMENT AWARD, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	19,500				
		EUROPE & CENTRAL ASIA\UKRAINE	PRIMARY GRANT	6,000				
		EUROPE & CENTRAL ASIA\UKRAINE	HEALTH AND WELL BEING GRANT, OPPORTUNITY GRANT, PRIMARY GRANT	15,200				
		EUROPE & CENTRAL ASIA\UKRAINE	TECHNOLOGY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	17,000				
		EUROPE & CENTRAL ASIA\UKRAINE	PRIMARY GRANT	7,000				
		EUROPE & CENTRAL ASIA\UNITED KINGDOM	PRIMARY GRANT	14,000				
		EUROPE & CENTRAL ASIA\UNITED KINGDOM	PRIMARY GRANT	11,000				
		LATIN AMERICA & CARIBBEAN\ARGENTINA	PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\ARGENTINA	PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\BOLIVIA	PRIMARY GRANT, EMERGENCY GRANT, OPPORTUNITY GRANT, HEALTH AND WELL BEING GRANT	13,800				
		LATIN AMERICA & CARIBBEAN\BOLIVIA	PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\BOLIVIA	ORGANIZATIONAL DEVELOPMENT AWARD, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	29,500				
		LATIN AMERICA & CARIBBEAN\BOLIVIA	PRIMARY GRANT	8,000				
		LATIN AMERICA & CARIBBEAN\BRAZIL	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	11,000				
		LATIN AMERICA & CARIBBEAN\BRAZIL	OPPORTUNITY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	15,500				
		LATIN AMERICA & CARIBBEAN\BRAZIL	PRIMARY GRANT, OPPORTUNITY GRANT (2)	21,000				
		LATIN AMERICA & CARIBBEAN\BRAZIL	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	16,000				
		LATIN AMERICA & CARIBBEAN\BRAZIL	PRIMARY GRANT	7,000				
		LATIN AMERICA & CARIBBEAN\BRAZIL	OPPORTUNITY GRANT, PRIMARY GRANT	15,000				
		LATIN AMERICA & CARIBBEAN\BRAZIL	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,000				
		LATIN AMERICA & CARIBBEAN\COLOMBIA	EMERGENCY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	11,500				
		LATIN AMERICA & CARIBBEAN\COLOMBIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	11,000				
		LATIN AMERICA & CARIBBEAN\COLOMBIA	PRIMARY GRANT, EMERGENCY GRANT	11,100				
		LATIN AMERICA & CARIBBEAN\COLOMBIA	PRIMARY GRANT	10,000				
		LATIN AMERICA & CARIBBEAN\COLOMBIA	PRIMARY GRANT	10,000				
		LATIN AMERICA & CARIBBEAN\COLOMBIA	EMERGENCY GRANT, SUSTAINABILITY AWARD, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	42,500				
		LATIN AMERICA & CARIBBEAN\DOMINICAN REPUBLIC	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	12,000				

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		LATIN AMERICA & CARIBBEAN\DOMINICAN REPUBLIC	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	12,000				
		LATIN AMERICA & CARIBBEAN\DOMINICAN REPUBLIC	OPPORTUNITY GRANT (2), PRIMARY GRANT	16,860				
		LATIN AMERICA & CARIBBEAN\ECUADOR	PRIMARY GRANT	8,000				
		LATIN AMERICA & CARIBBEAN\ECUADOR	PRIMARY GRANT	9,000				
		LATIN AMERICA & CARIBBEAN\GUATEMALA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,000				
		LATIN AMERICA & CARIBBEAN\GUATEMALA	PRIMARY GRANT, OPPORTUNITY GRANT	17,000				
		LATIN AMERICA & CARIBBEAN\GUATEMALA	PRIMARY GRANT	15,000				
		LATIN AMERICA & CARIBBEAN\GUATEMALA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,000				
		LATIN AMERICA & CARIBBEAN\GUATEMALA	PRIMARY GRANT	8,000				
		LATIN AMERICA & CARIBBEAN\GUATEMALA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, OPPORTUNITY GRANT	10,500				
		LATIN AMERICA & CARIBBEAN\GUATEMALA	PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\GUATEMALA	PRIMARY GRANT, OPPORTUNITY GRANT	14,000				
		LATIN AMERICA & CARIBBEAN\GUATEMALA	PRIMARY GRANT, OPPORTUNITY GRANT	16,000				
		LATIN AMERICA & CARIBBEAN\HAITI	PRIMARY GRANT	10,000				
		LATIN AMERICA & CARIBBEAN\HAITI	EMERGENCY GRANT, PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\HAITI	PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\HAITI	EMERGENCY GRANT, PRIMARY GRANT	7,500				
		LATIN AMERICA & CARIBBEAN\HAITI	PRIMARY GRANT	12,000				
		LATIN AMERICA & CARIBBEAN\HAITI	PRIMARY GRANT, EMERGENCY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\HAITI	PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\HAITI	PRIMARY GRANT, EMERGENCY GRANT	6,500				
		LATIN AMERICA & CARIBBEAN\HAITI	PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\HAITI	EMERGENCY GRANT, PRIMARY GRANT	5,500				
		LATIN AMERICA & CARIBBEAN\HAITI	PRIMARY GRANT	12,000				
		LATIN AMERICA & CARIBBEAN\HONDURAS	OPPORTUNITY GRANT, PRIMARY GRANT	12,750				
		LATIN AMERICA & CARIBBEAN\JAMAICA	TECHNOLOGY GRANT (2), PRIMARY GRANT	12,500				
		LATIN AMERICA & CARIBBEAN\JAMAICA	TECHNOLOGY GRANT, PRIMARY GRANT, SUSTAINABILITY AWARD, HEALTH AND WELL BEING GRANT	44,000				
		LATIN AMERICA & CARIBBEAN\MEXICO	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, SUSTAINABILITY AWARD	43,500				
		LATIN AMERICA & CARIBBEAN\MEXICO	SUSTAINABILITY AWARD, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	41,000				
		LATIN AMERICA & CARIBBEAN\MEXICO	SUSTAINABILITY AWARD, HEALTH AND WELL BEING GRANT, PRIMARY GRAND	44,000				

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		LATIN AMERICA & CARIBBEAN\MEXICO	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	15,000				
		LATIN AMERICA & CARIBBEAN\MEXICO	PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\MEXICO	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	16,000				
		LATIN AMERICA & CARIBBEAN\NICARAGUA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	16,000				
		LATIN AMERICA & CARIBBEAN\NICARAGUA	SUSTAINABILITY AWARD, PRIMARY GRANT	42,000				
		LATIN AMERICA & CARIBBEAN\NICARAGUA	SUSTAINABILITY AWARD, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	41,000				
		LATIN AMERICA & CARIBBEAN\NICARAGUA	PRIMARY GRANT	11,000				
		LATIN AMERICA & CARIBBEAN\PANAMA	PRIMARY GRANT	7,000				
		LATIN AMERICA & CARIBBEAN\PANAMA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	12,000				
		LATIN AMERICA & CARIBBEAN\PERU	PRIMARY GRANT	6,000				
		LATIN AMERICA & CARIBBEAN\PERU	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	10,000				
		LATIN AMERICA & CARIBBEAN\PERU	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	12,000				
		MIDDLE EAST & NORTH AFRICA\EGYPT	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	10,000				
		MIDDLE EAST & NORTH AFRICA\EGYPT	PRIMARY GRANT	10,000				
		MIDDLE EAST & NORTH AFRICA\EGYPT	PRIMARY GRANT	9,500				
		MIDDLE EAST & NORTH AFRICA\LEBANON	PRIMARY GRANT	13,000				
		MIDDLE EAST & NORTH AFRICA\LEBANON	PRIMARY GRANT	10,000				
		SOUTH ASIA\AFGHANISTAN	HEALTH AND WELL BEING GRANT, EMERGENCY GRANT, PRIMARY GRANT	12,400				
		SOUTH ASIA\BANGLADESH	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	8,000				
		SOUTH ASIA\BANGLADESH	OPPORTUNITY GRANT, HEALTH AND WELL BEING GRANT, PRIMARY GRANT	9,500				
		SOUTH ASIA\BHUTAN	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	8,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT	8,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, ORGANIZATIONAL DEVELOPMENT AWARD	17,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	10,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, OPPORTUNITY GRANT, HEALTH AND WELL BEING GRANT	14,500				
		SOUTH ASIA\INDIA	PRIMARY GRANT	9,000				
		SOUTH ASIA\INDIA	OPPORTUNITY GRANT, HEALTH AND WELL BEING GRANT, PRIMARY GRANT	11,500				
		SOUTH ASIA\INDIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	17,000				
		SOUTH ASIA\INDIA	HEALTH AND WELL BEING GRANT, ORGAINZAIONAL DEVELOPMENT AWARD, OPPORTUNITY GRANT, PRIMARY GRANT	24,200				
		SOUTH ASIA\INDIA	PRESIDENTIAL INNVOATION AWARD	15,000				

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA\INDIA	PRIMARY GRANT	6,000				
		SOUTH ASIA\INDIA	TECHNOLOGY GRANT, PRIMARY GRANT	12,500				
		SOUTH ASIA\INDIA	PRIMARY GRANT, TECHNOLOGY GRANT	18,000				
		SOUTH ASIA\INDIA	OPPORTUNITY GRANT, PRIMARY GRANT	10,200				
		SOUTH ASIA\INDIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, ORGANIZATIONAL DEVELOPMENT AWARD	17,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT	10,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT	13,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, SUSTAINABILITY AWARD	40,500				
		SOUTH ASIA\INDIA	PRIMARY GRANT	6,000				
		SOUTH ASIA\INDIA	OPPORTUNITY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	13,500				
		SOUTH ASIA\INDIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT, OPPORTUNITY GRANT	18,000				
		SOUTH ASIA\INDIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	8,500				
		SOUTH ASIA\INDIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	17,500				
		SOUTH ASIA\INDIA	TECHNOLOGY GRANT (2), HEALTH AND WELL BEING GRANT, PRIMARY GRANT	16,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, PRESIDENTIAL INNOVATION AWARD	8,500				
		SOUTH ASIA\INDIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, HEALTH AND WELL BEIG GRANT, OPPORTUNITY GRANT	12,500				
		SOUTH ASIA\INDIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT, ORGANIZATIONAL DEVELOPMENT AWARD	17,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	9,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, SUSTAINABILITY AWARD	36,000				
		SOUTH ASIA\INDIA	TECHNOLOGY GRANT (2), PRIMARY GRANT, HEALTH AND WELL BEING GRANT	12,500				
		SOUTH ASIA\INDIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	11,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	19,000				
		SOUTH ASIA\INDIA	ORGANIZATIONAL DEVELOPMENT AWARD, PRIMARY GRANT	14,000				
		SOUTH ASIA\INDIA	HEALTH AND WELL BEING GRANT, EMERGENCY GRANT, PRIMARY GRANT	16,100				
		SOUTH ASIA\INDIA	PRIMARY GRANT	6,500				
		SOUTH ASIA\INDIA	PRIMARY GRANT	6,000				
		SOUTH ASIA\INDIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	7,000				
		SOUTH ASIA\INDIA	TECHNOLOGY GRANT (2), PRIMARY GRANT, OPPORTUNITY GRANT	11,300				
		SOUTH ASIA\INDIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	11,000				

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA\NEPAL	PRIMARY GRANT	5,000				
		SOUTH ASIA\NEPAL	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, OPPORTUNITY GRANT	13,200				
		SOUTH ASIA\PAKISTAN	PRIMARY GRANT	8,000				
		SOUTH ASIA\PAKISTAN	OPPORTUNITY GRANT, HEALTH AND WELL BEING GRANT, TECHNOLOGY GRANT, EMERGENCY GRANT	16,000				
		SOUTH ASIA\PAKISTAN	OPPORTUNITY GRANT, TECHNOLOGY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	11,500				
		SOUTH ASIA\PAKISTAN	EMERGENCY GRANT (2), HEALTH AND WELL BEING GRANT, PRIMARY GRANT	21,500				
		SOUTH ASIA\PAKISTAN	OPPORTUNITY GRANT, EMERGENCY GRANT, HEALTH AND WELL BEING GRANT, PRIMARY GRNT	23,100				
		SOUTH ASIA\PAKISTAN	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, EMERGENCY GRANT	14,500				
		SOUTH ASIA\SRI LANKA	PRIMARY GRANT	6,000				
		SOUTH ASIA\SRI LANKA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, SUSTAINABILITY AWARD	46,000				
		SOUTH ASIA\SRI LANKA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	18,500				
		SOUTH ASIA\SRI LANKA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	9,000				
		SUB-SAHARAN AFRICA\BENIN	EMERGENCY GRANT, HEALTH AND WELL BEING GRANT, PRIMARY GRANT	22,500				
		SUB-SAHARAN AFRICA\BURKINA FASO	HEALTH AND WELL BEING GRANT, PRIMARY GRANT, SUSTAINABILITY AWARD	45,000				
		SUB-SAHARAN AFRICA\BURKINA FASO	PRIMARY GRANT, EMERGENCY GRANT	9,000				
		SUB-SAHARAN AFRICA\BURKINA FASO	PRIMARY GRANT	9,000				
		SUB-SAHARAN AFRICA\BURUNDI	PRIMARY GRANT	6,000				
		SUB-SAHARAN AFRICA\BURUNDI	OPPORTUNITY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	9,000				
		SUB-SAHARAN AFRICA\DEMOCRATIC REPUBLIC OF THE CONGO	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	8,000				
		SUB-SAHARAN AFRICA\ETHIOPIA	PRIMARY GRANT	6,000				
		SUB-SAHARAN AFRICA\ETHIOPIA	SUSTAINABILITY AWARD, PRIMARY GRANT	43,000				
		SUB-SAHARAN AFRICA\ETHIOPIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	12,000				
		SUB-SAHARAN AFRICA\ETHIOPIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	13,000				
		SUB-SAHARAN AFRICA\ETHIOPIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	12,000				
		SUB-SAHARAN AFRICA\ETHIOPIA	TECHNOLOGY GRANT, HEALTH AND WELL BEING GRANT, PRIMARY GRANT	11,000				
		SUB-SAHARAN AFRICA\GHANA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	17,000				
		SUB-SAHARAN AFRICA\GHANA	PRIMARY GRANT	6,000				
		SUB-SAHARAN AFRICA\GHANA	PRIMARY GRANT	7,500				
		SUB-SAHARAN AFRICA\KENYA	SUSTAINABILLITY AWARD, TECHNOLOGY GRANT, PRIMARY GRANT	48,000				
		SUB-SAHARAN AFRICA\KENYA	HEALTH AND WELL BEING GRANT, OPPORTUNITY GRANT, ORGANIZATIONAL DEVELOPMENT AWARD, PRIMARY GRANT	19,500				

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA\KENYA	OPPORTUNITY GRANT, ORGANIZATIONAL DEVELOPMENT AWARD, HEALTH AND WELL BEING GRANT, PRIMARY GRANT	20,000				
		SUB-SAHARAN AFRICA\KENYA	PRIMARY GRANT	6,000				
		SUB-SAHARAN AFRICA\KENYA	PRIMARY GRANT	6,000				
		SUB-SAHARAN AFRICA\KENYA	PRIMARY GRANT, ORGANIZATIONAL DEVELOPMENT AWARD	14,000				
		SUB-SAHARAN AFRICA\LIBERIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,000				
		SUB-SAHARAN AFRICA\LIBERIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	8,000				
		SUB-SAHARAN AFRICA\LIBERIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	15,000				
		SUB-SAHARAN AFRICA\LIBERIA	PRIMARY GRANT	8,000				
		SUB-SAHARAN AFRICA\MALAWI	TECHNOLOGY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	23,000				
		SUB-SAHARAN AFRICA\MALAWI	PRIMARY GRANT	12,000				
		SUB-SAHARAN AFRICA\MOZAMBIQUE	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	10,000				
		SUB-SAHARAN AFRICA\NIGERIA	HEALTH AND WELL BEING GRANT, OPPORTUNITY GRANT, PRIMARY GRANT	10,000				
		SUB-SAHARAN AFRICA\NIGERIA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	10,000				
		SUB-SAHARAN AFRICA\NIGERIA	PRESIDENTIAL INNOVATION AWARD, TECHNOLOGY GRANT (2), HEALTH AND WELL BEING GRANT, OPPORTUNITY GRANT (2), PRIMARY GRANT	41,140				
		SUB-SAHARAN AFRICA\NIGERIA	OPPORTUNITY GRANT, TECHNOLOGY GRANT (2), EMERGENCY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	20,500				
		SUB-SAHARAN AFRICA\NIGERIA	PRIMARY GRANT	13,000				
		SUB-SAHARAN AFRICA\RWANDA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	11,000				
		SUB-SAHARAN AFRICA\RWANDA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	10,000				
		SUB-SAHARAN AFRICA\RWANDA	SUSTAINABILITY AWARD, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	46,000				
		SUB-SAHARAN AFRICA\RWANDA	PRIMARY GRANT	6,000				
		SUB-SAHARAN AFRICA\RWANDA	PRIMARY GRANT	8,000				
		SUB-SAHARAN AFRICA\SENEGAL	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	18,000				
		SUB-SAHARAN AFRICA\SENEGAL	PRIMARY GRANT	7,000				
		SUB-SAHARAN AFRICA\SENEGAL	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	8,000				
		SUB-SAHARAN AFRICA\SENEGAL	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	16,000				
		SUB-SAHARAN AFRICA\SIERRA LEONE	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	8,000				
		SUB-SAHARAN AFRICA\SOUTH AFRICA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	13,000				
		SUB-SAHARAN AFRICA\SOUTH AFRICA	PRIMARY GRANT	6,000				
		SUB-SAHARAN AFRICA\SOUTH AFRICA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	11,000				
		SUB-SAHARAN AFRICA\SOUTH AFRICA	HEALTH AND WELL BEING GRANT, PRIMARY GRANT	14,000				

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA\SOUTH AFRICA	PRIMARY GRANT	12,000				
		SUB-SAHARAN AFRICA\SOUTH AFRICA	PRIMARY GRANT	14,500				
		SUB-SAHARAN AFRICA\SOUTH AFRICA	TECHNOLOGY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	16,000				
		SUB-SAHARAN AFRICA\SWAZILAND	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	9,000				
		SUB-SAHARAN AFRICA\TANZANIA	PRIMARY GRANT	6,000				
		SUB-SAHARAN AFRICA\TANZANIA	PRIMARY GRANT	6,000				
		SUB-SAHARAN AFRICA\TANZANIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, OPPORTUNITY GRANT	17,000				
		SUB-SAHARAN AFRICA\TANZANIA	PRIMARY GRANT	11,000				
		SUB-SAHARAN AFRICA\TANZANIA	PRIMARY GRANT	7,000				
		SUB-SAHARAN AFRICA\UGANDA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT, TECHNOLOGY GRANT, ORGANIZATIONAL DEVELOPMENT AWARD	21,000				
		SUB-SAHARAN AFRICA\UGANDA	PRIMARY GRANT	14,000				
		SUB-SAHARAN AFRICA\UGANDA	ORGANIZATIONAL DEVELOPMENT AWARD, HEALTH AND WELL BEING GRANT, PRIMARY GRANT	26,000				
		SUB-SAHARAN AFRICA\UGANDA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	12,000				
		SUB-SAHARAN AFRICA\UGANDA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	9,000				
		SUB-SAHARAN AFRICA\ZAMBIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	10,000				
		SUB-SAHARAN AFRICA\ZAMBIA	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	10,000				
		SUB-SAHARAN AFRICA\ZAMBIA	TECHNOLOGY GRANT, PRIMARY GRANT, HEALTH AND WELL BEING GRANT	14,000				
		SUB-SAHARAN AFRICA\ZAMBIA	PRIMARY GRANT	8,000				
		SUB-SAHARAN AFRICA\ZIMBABWE	PRIMARY GRANT, HEALTH AND WELL BEING GRANT	17,000				
		EUROPE & EURASIA/SERBIA	FILM GRANT	10,000				
		SOUTH ASIA\INDIA	FILM GRANT (2)	25,000				

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GLOBAL FUND FOR CHILDREN

Employer identification number
56-1834887

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ASCENSIONS COMMUNITY SERVICES 1526 HOWARD ROAD SE WASHINGTON,DC 20020	51-0519629	501(C)3	16,000				SUPPORT OF A HOLISTIC MENTAL WELLNESS PROGRAM FOR GIRLS
(2) FREE MINDS BOOK CLUB AND WRITING WORKSHOP2201 P STREET NW WASHINGTON,DC 20037	43-2066514	501(C)3	26,500				GENERAL OPERATING SUPPORT
(3) HOPE HOUSEPO BOX 60682 WASHINGTON,DC 20039	31-1594625	501(C)3	19,000				SUPPORT OF A READING PROGRAM TO STRENGTHEN THE BOND BETWEEN CHILDREN AND INCARCERATED FATHERS
(4) INTERSTAGES INC7720 ALASKA AVENUE NW WASHINGTON,DC 20012	76-0787343	501(C)3	9,000				SUPPORT OF AN AFTERSCHOOL YOUTH DEVELOPMENT PROGRAM
(5) LA PLAZITA INSTITUTE 831 ISLETA BLVD SW ALBUQUERQUE,NM 87105	26-2486467	501(C)3	10,000				SUPPORTS THE MAKING A CHANGE PROGRAMS
(6) WASHINGTON YOUTH CHOIR733 8TH STREET NW WASHINGTON,DC 20001	52-1833176	501(C)3	7,000				GENERAL OPERATING SUPPORT
(7) WORDS BEATS & LIFE 1525 NEWTON STREET NW WASHINGTON,DC 20010	27-0062812	501(C)3	39,000				GENERAL OPERATING SUPPORT
(8) INDEPENDENT SECTOR 1602 L STREET NW SUITE 900 WASHINGTON,DC 20036	52-1081024	501(C)3	5,000				AFFINITY GRANT
(9) INTL CENTER FOR RESEARCH ON WOMEN 1120 20TH STREET NW SUITE 500 NORTH WASHINGTON,DC 20036	52-1081455	501(C)3	7,111				AFFINITY GRANT
(10) REV OPTIMISTS95 PALMER LN PORTOLA VALLEY,CA 94028			20,000				FILM
(11) VITAL VOICES1625 MASSACHUSETTES AVE NW SUITE 300 WASHINGTON,DC 20036	52-2151557	501(C)3	10,000				AFFINITY GRANT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 10

3 Enter total number of other organizations . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GLOBAL FUND FOR CHILDREN MONITORING PROCEDURES FOR US GRANTEES INVOLVES SITE VISITS BY THE PROGRAM OFFICER ASSIGNED TO US GRANTMAKING WE ALSO COLLECT A MIDTERM AND A FINAL REPORT FROM THE GRANTEES, WHICH INCLUDE ORGANIZATIONAL METRICS, NARRATIVE DESCRIPTIONS OF HOW THE MONEY WAS SPENT AND FINANCIAL REPORTS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493094002092

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GLOBAL FUND FOR CHILDREN

Employer identification number
56-1834887

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) MAYA AJMERA	(i)	157,500	23,000	0	9,850	7,052	197,402	0
	(ii)	0	0	0	0	0	0	0
(2) VICTORIA DUNNING	(i)	142,530	2,000	0	8,586	7,052	160,168	0
	(ii)	0	0	0	0	0	0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GLOBAL FUND FOR CHILDREN

Employer identification number
56-1834887

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	2	40,395	FAIR MARKET VALUE
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				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ▸ (____________)				
26 Other ▸(____________)				
27 Other ▸(____________)				
28 Other ▸ (____________)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	WELLS FARGO IS AUTHORIZED TO FACILITATE THE RECEIVING AND SELLING OF ANY DONATED STOCK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GLOBAL FUND FOR CHILDREN

Employer identification number
56-1834887

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE TREASURER, DIRECTOR OF FINANCE AND THE CEO REVIEW THE FORM 990 BEFORE IT IS SIGNED AND MAILED TO THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL NEW BOARD MEMBERS AND EMPLOYEES ARE GIVEN THE ORGANIZATION'S CONFLICT OF INTEREST DISCLOSURE POLICY AND ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST DISCLOSURE STATEMENT IF A CONFLICT ARISES, THE CEO IS ENGAGED TO DETERMINE IF THERE IS A CONFLICT OF INTEREST IF IT IS DETERMINED THAT THERE IS A CONFLICT OF INTEREST, THE CEO WILL PRESENT THE MATTER TO THE CHAIR OF THE BOARD OF DIRECTORS FOR A FINAL DETERMINATION THE CONFLICTED PARTY IS EXPECTED TO BE INVOLVED IN THE DISCUSSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE GLOBAL FUND FOR CHILDREN HAS A SUBSET OF THE BOARD THAT REVIEWS THE SALARY OF THE CEO ON AN ANNUAL BASIS FACTORS THAT INFLUENCE THEIR DECISION INCLUDE 1) COMPARISON TO PEER ORGANIZATIONS, 2) THE ORGANIZATION'S OVERALL PERFORMANCE DURING THE PRECEDING FISCAL YEAR, AND 3) ANY ADDITIONAL RELEVANT ITEMS THE FINANCE AND AUDIT COMMITTEE OF THE BOARD REVIEWS AND AUTHORIZES PROPOSED COMPENSATION INCREASES FOR OFFICERS(VP'S) OF GLOBAL FUND FOR CHILDREN THE MOST RECENT TIME THIS WAS COMPLETED WAS IN MAY 2010

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE ON ITS WEBSITE

Identifier	Return Reference	Explanation
KRISTIN LINDSEY CAME ABOARD AS A CHIEF EXECUTIVE OFFICER ON 02/15/2011 AS	PART VII COMPENSATION OF OFFICERS	SUCH, SHE DID NOT RECIEVE A 2010 FORM W-2

Identifier	Return Reference	Explanation
MITCHELL FENSTER, VP FINANCE RESIGNED ON	FORM 990, PART VII, SECTION A	12/03/2010

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 180,253

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GLOBAL FUND FOR CHILDREN

Employer identification number
56-1834887

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) THE GFC UK TRUST CO MOUNT KELLETT CAPITAL BERGER HOUSE 36-38 BERKELEY SQUARE LONDON W1J 5AE UK	TO IMPROVE THE LIVES OF VULNERABLE CHILDREN AND YOUTH IN OUR WORLD	UK			N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	**No**		**Yes**	**No**	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) THE GLOBAL FUND FOR CHILDREN UK TRUST	R	677,962	BASED ON PROPOSAL TO FUND GRANTS
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation