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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
CHILDFUND INTERNATIONAL USA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2821 EMERYWOOD PKWY

City or town, state or country, and ZIP + 4
RICHMOND, VA 232943726

D Employer identification number
54-0536100

E Telephone number
(804) 756-2700

G Gross receipts $ 244,099,085

F Name and address of principal officer
ANNE LYNAM GODDARD
2821 EMERYWOOD PKWY
RICHMOND, VA 232943726

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: ▶ HTTP //WWW CHILDFUND ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1938

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO HELP DEPRIVED, EXCLUDED AND VULNERABLE CHILDREN LIVING IN POVERTY HAVE THE CAPACITY TO BECOME YOUNG ADULTS, PARENTS AND LEADERS WHO BRING LASTING AND POSITIVE CHANGE TO THEIR COMMUNITIES, AND TO PROMOTE SOCIETIES WHOSE INDIVIDUALS AND INSTITUTIONS PARTICIPATE IN VALUING, PROTECTING, AND ADVANCING THE WORTH AND THE RIGHTS OF CHILDREN

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	250
6	Total number of volunteers (estimate if necessary)	**6**	187
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-69,532
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-69,532

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	226,340,139	233,739,486
	9 Program service revenue (Part VIII, line 2g)	1,463,479	1,462,460
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,443,876	2,823,019
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	750,806	527,787
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,998,300	238,552,752
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	146,993,473	158,324,358
	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)	34,731,459	35,731,336
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,410,070	5,483,405
	b Total fundraising expenses (Part IX, column (D), line 25) ▶27,435,228		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	38,321,080	39,758,016
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	226,456,082	239,297,115
	19 Revenue less expenses Subtract line 18 from line 12	3,542,218	-744,363

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	105,002,905	106,151,696
	21 Total liabilities (Part X, line 26)	27,203,970	24,183,085
	22 Net assets or fund balances Subtract line 21 from line 20	77,798,935	81,968,611

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

****** | 2014-02-14
Signature of officer | Date

JAMES TUITE VICE PRESIDENT FINANCE & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
YONG ZHANG CPA				P01249785
Firm's name ▶ MCGLADREY LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 1861 INTERNATIONAL DRIVE SUITE 400 MCLEAN, VA 22102			Phone no (703) 336-6400	

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 HELP DEPRIVED, EXCLUDED AND VULNERABLE CHILDREN LIVING IN POVERTY HAVE THE CAPACITY TO BECOME YOUNG ADULTS, PARENTS AND LEADERS WHO BRING LASTING AND POSITIVE CHANGE TO THEIR COMMUNITIES, AND TO PROMOTE SOCIETIES WHOSE INDIVIDUALS AND INSTITUTIONS PARTICIPATE IN VALUING, PROTECTING, AND ADVANCING THE WORTH AND THE RIGHTS OF CHILDREN CHILDFUND BELIEVES THAT THE WELL-BEING OF ALL CHILDREN LEADS TO THE WELL-BEING OF THE WORLD, WE EMPOWER CHILDREN TO THRIVE THROUGHOUT ALL STAGES OF LIFE AND BECOME LEADERS OF ENDURING CHANGE CHILDFUND PROGRAMS REACH AN ESTIMATED 15 2 MILLION INFANTS, CHILDREN, YOUTH AND PARENTS PER YEAR 2 8 MILLION ENROLLED CHILDREN AND YOUTH ENROLLED IN SPONSORSHIP PROGRAMS, INCLUDING THEIR FAMILIES, 3 8 MILLION NON-ENROLLED CHILDREN BENEFICIARIES IN COMMUNITIES SERVED BY CHILDFUND, AND ALMOST 8 6 MILLION WHO BENEFITED FROM GRANT AND OTHER DONOR FUNDED COMMUNITY AND EMERGENCY PROGRAMS (MOSTLY OUTSIDE OF SPONSORSHIP AREAS)

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 75,940,660 including grants of $ 62,204,074) (Revenue $ 574,586)

BASIC EDUCATION CHILDFUND'S EDUCATIONAL PROGRAMS WORK WITH EDUCATORS, COMMUNITY GROUPS, PARENTS, CHILDREN AND YOUNG ADOLESCENTS TOWARDS THE GOAL OF COMPLETING BASIC EDUCATION AND ACHIEVING POSITIVE LEARNING OUTCOMES THROUGH ACTIVITIES FOCUSED ON IMPROVING SCHOOL INFRASTRUCTURE, TEACHING METHODOLOGIES, ACCESS TO TEACHING AND LEARNING MATERIALS AND CREATING SAFE LEARNING ENVIRONMENTS, AS WELL AS INFLUENCING POLICY TO ENHANCE STUDENT ACCESS, RETENTION, AND SAFETY

4b (Code) (Expenses $ 40,950,718 including grants of $ 33,543,315) (Revenue $ 309,843)

HEALTH & SANITATION WHAT HAPPENS IN THE FIRST YEARS OF LIFE PROVIDES THE FOUNDATION UPON WHICH CHILD GROWS AND DEVELOPS CORE PROGRAMS ADDRESS SAFE MOTHERHOOD AND NEWBORN CARE, INTEGRATED EARLY CHILDHOOD DEVELOPMENT, IMMUNIZATION, GROWTH MONITORING PROMOTION, INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES, HYGIENE, NUTRITION AND SANITATION AS WELL AS SEXUAL AND REPRODUCTIVE HEALTH AND EDUCATION

4c (Code) (Expenses $ 22,823,961 including grants of $ 18,695,431) (Revenue $ 172,692)

MICRO-ENTERPRISE DEVELOPMENT MICRO-ENTERPRISE DEVELOPMENT PROGRAMMING STRIVES TO INCREASE FAMILY INCOME AS A MEANS OF STRENGTHENING PARENTS' ABILITY TO MEET THE NEEDS OF THEIR CHILDREN AND TO HELP YOUTH GAIN THE NEEDED SKILLS TO BECOME EMPLOYED THE PROGRAMMING FOCUSES ON SUPPORT AND DELIVERY OF MICROFINANCE, BUSINESS DEVELOPMENT, WORK READINESS, AND TECHNICAL SKILLS WITH AN INTEGRATED COMPONENT OF LIFE SKILLS

(Code) (Expenses $ 21,909,702 including grants of $ 17,946,549) (Revenue $ 165,774)

EARLY CHILDHOOD DEVELOPMENT CHILDFUND IS COMMITTED TO EFFECTIVE PROGRAMS THAT PROMOTE EARLY CHILDHOOD DEVELOPMENT THROUGH EMPOWERED AND RESPONSIVE CAREGIVERS, SAFE AND CARING ENVIRONMENTS FOR INFANTS AND YOUNG CHILDREN, QUALITY HEALTH CARE AND ADEQUATE NUTRITION FOR INFANTS, YOUNG CHILDREN AND EXPECTANT MOTHERS, AND HIGH QUALITY STIMULATION FOR INFANTS AND YOUNG CHILDREN

(Code) (Expenses $ 19,178,254 including grants of $ 15,709,181) (Revenue $ 145,107)

NUTRITION CHILDFUND INTERNATIONAL PROMOTES NUTRITION-SPECIFIC INTERVENTIONS THAT IMPACT YOUNG CHILDREN AND MOTHERS AS PART OF INTEGRATED HEALTH AND EARLY CHILDHOOD PROGRAMMING THESE PRACTICAL MEASURES INCLUDE NUTRITION EDUCATION AND PROMOTION, MICRONUTRIENT SUPPLEMENTATION, PARASITE CONTROL MEASURES, PROMOTION OF EXCLUSIVE BREASTFEEDING FOR FIRST 6 MONTHS AND SITUATION-SPECIFIC HOUSEHOLD FOOD SECURITY INTERVENTIONS

(Code) (Expenses $ 12,483,982 including grants of $ 10,225,808) (Revenue $ 94,458)

EMERGENCY RESPONSE DURING THE FISCAL PERIOD CHILDFUND PROVIDED AID AND ASSISTANCE TO NUMEROUS VICTIMS OF DISASTER AND HUMANITARIAN CRISIS, INCLUDING A CONTINUED RESPONSE IN MEXICO, PHILIPPINES, INDONESIA, INDIA, MOZAMBIQUE, SENEGAL, GUATEMALA AND ETHIOPIA

4d Other program services (Describe in Schedule O)

(Expenses $ 53,571,938 including grants of $ 43,881,538) (Revenue $ 405,339)

4e Total program service expenses ▶ 193,287,277

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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, line 10? *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	Yes	
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	Yes	
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 and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, 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 United States? *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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete 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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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 11b 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	133		
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	250		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country ▶ AF , AO , BL , BO , BR , CD , CE , DO , EC , ET , GA , GT , GV , HO , ID , IN , KE , LI , MX , MZ , PM , RP , SF , SG , SL , TH , TT , UG , OC , ZA 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 as charitable contributions? . . .		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** 20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK , AL , AR , AZ , CA , CO , CT , DC , FL , GA , HI , IL , IN , KS , KY , LA , MA , MD , ME , MI , MN , MS , NC , ND , NE , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC , SD , TN , TX , UT , VA , WA , WI , WV

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 made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JAMES TUITE 2821 EMERYWOOD PKWY RICHMOND, VA (804) 756-2700

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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A HUGH EWING III DIRECTOR	2 00	X						0	0	0
(2) ROGER GREGORY DIRECTOR	2 00	X						0	0	0
(3) MARILYN GRIST DIRECTOR	2 00	X						0	0	0
(4) SARAH HANSON DIRECTOR	2 00	X						0	0	0
(5) BARBARA JOYNES DIRECTOR	2 00	X						0	0	0
(6) DARRELL MARTIN DIRECTOR	2 00	X						0	0	0
(7) MAUREEN DENLEA-MASSEY DIRECTOR	2 00	X						0	0	0
(8) JOHN PURNELL JR DIRECTOR	2 00	X						0	0	0
(9) THOMAS WEISNER DIRECTOR	2 00	X						0	0	0
(10) BRIAN WILCOX DIRECTOR	2 00	X						0	0	0
(11) NANCY HILL DIRECTOR	2 00	X						0	0	0
(12) PAUL HIRSCHBIEL DIRECTOR	2 00	X						0	0	0
(13) AUSTIN BROCKENBROUGH IV DIRECTOR	2 00	X						0	0	0
(14) JOHN LEWIS DIRECTOR	2 00	X						0	0	0
(15) JESUS AMADEO DIRECTOR	2 00	X						0	0	0
(16) JANE BROWN DIRECTOR	2 00	X						0	0	0
(17) THOMAS DELINE DIRECTOR	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARI RODRIGUEZ HEFKE DIRECTOR	2.00	X						0	0	0
(19) THOMAS SNEAD DIRECTOR	2.00	X						0	0	0
(20) DANIEL SILVA-JAUREGUI DIRECTOR	2.00	X						0	0	0
(21) ANNE GODDARD PRESIDENT	40.00			X				286,852	0	46,359
(22) JAMES TUITE VICE PRESIDENT/CFO	40.00			X				198,915	0	37,036
(23) ISAM GHANIM EXECUTIVE VICE PRESIDENT	40.00				X			315,563	0	25,534
(24) STEVEN STIRLING EXECUTIVE VICE PRESIDENT	40.00				X			197,201	0	34,217
(25) JUMBE SUBUNYA REGIONAL DIRECTOR	40.00					X		209,712	0	43,595
(26) GEOFFREY PETKOVICH REGIONAL DIRECTOR	40.00					X		189,779	0	24,897
(27) CHERI DAHL VICE PRESIDENT	40.00					X		181,654	0	34,150
(28) SCOTT LEMLER VICE PRESIDENT	40.00					X		167,382	0	29,071
(29) PAUL BODE REGIONAL DIRECTOR	40.00					X		161,771	0	8,093
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,908,829	0	282,952

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 21

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
INTEGRATED MEDIA SOLUTIONS 650 5TH AVENUE 35TH FLOOR NEW YORK NY 10019	MEDIA/ADVERTISING	5,940,514
PUBLIC OUTREACH 179 JOHN ST STE 301ATORONTOCAMST 1X4	ADVERTISING-IN PERSON	2,886,504
APPCO 30 WEST 21 ST LEVEL 6 NEW YORK NY 10010	ADVERTISING-IN PERSON	1,543,797
ISANDBOX 10120 WEST BROAD ST SUITE G GLEN ALLEN VA 23060	MEDIA/ADVERTISING	1,489,408
FUNDRAISING INITIATIVES 489 QUEEN ST E STE 301TORONTOCAM5A 1V1	ADVERTISING-IN PERSON	937,926

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 36

Part VIII Statement of Revenue

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

				(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	16,543,655			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	217,195,831			
	g	Noncash contributions included in lines 1a-1f $		12,982,821			
	h	**Total.** Add lines 1a-1f			233,739,486			
Program Service Revenue			Business Code				
	2a	CHILDFUND ALLIANCE MAI	900099	1,462,460	1,462,460		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			1,462,460		
	3	Investment income (including dividends, interest, and other similar amounts)			1,897,139		-69,532	1,966,671
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	557,240					
	b	Less rental expenses	141,732					
	c	Rental income or (loss)	415,508					
	d	Net rental income or (loss)			415,508			415,508
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	6,002,158	328,323				
	b	Less cost or other basis and sales expenses	5,321,619	82,982				
	c	Gain or (loss)	680,539	245,341				
	d	Net gain or (loss)			925,880			925,880
Other Revenue	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	MISC INCOME		900099	112,279			112,279
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d			112,279			
	12	**Total revenue.** See Instructions			238,552,752	1,462,460	-69,532	3,420,338

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,979,822	1,979,822		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	156,344,536	156,344,536		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,193,868	371,959	821,909	
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	27,774,655	17,825,220	5,876,049	4,073,386
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,054,796	754,095	1,124,439	176,262
9 Other employee benefits	2,332,523	1,287,473	707,127	337,923
10 Payroll taxes	2,375,494	1,529,182	528,815	317,497
11 Fees for services (non-employees)				
a Management				
b Legal	407,762	198,696	143,094	65,972
c Accounting	1,246,567	823,333	396,584	26,650
d Lobbying				
e Professional fundraising services See Part IV, line 17	5,483,405			5,483,405
f Investment management fees	61,005		61,005	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,045,706	1,814,862	1,343,348	1,887,496
12 Advertising and promotion	12,016,036	114,058	208,316	11,693,662
13 Office expenses	6,193,604	2,349,385	2,923,732	920,487
14 Information technology	3,042,307	945,539	2,026,947	69,821
15 Royalties . .				
16 Occupancy	1,801,349	1,531,325	100,735	169,289
17 Travel	3,096,360	2,086,341	459,631	550,388
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,609,902	1,244,106	203,163	162,633
20 Interest	58		58	
21 Payments to affiliates	364,429		364,429	
22 Depreciation, depletion, and amortization	2,143,454	1,111,878	779,573	252,003
23 Insurance	27,158	18,036	4,967	4,155
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OTHER EXPENSES	2,702,319	957,431	500,689	1,244,199
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	239,297,115	193,287,277	18,574,610	27,435,228
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		20,098,673	1	10,069,797
	2	Savings and temporary cash investments		12,536,592	2	7,555,697
	3	Pledges and grants receivable, net		3,452,194	3	2,079,549
	4	Accounts receivable, net		3,076,436	4	4,682,716
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,440,994	8	2,139,946
	9	Prepaid expenses and deferred charges		3,574,332	9	3,004,909
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 41,162,598			
	b	Less accumulated depreciation	10b 26,528,402	13,585,143	10c	14,634,196
	11	Investments—publicly traded securities		28,179,187	11	41,458,834
	12	Investments—other securities See Part IV, line 11		5,466,588	12	7,405,906
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		12,592,766	15	13,120,146
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		105,002,905	16	106,151,696
Liabilities	17	Accounts payable and accrued expenses		11,204,249	17	11,781,822
	18	Grants payable		6,494,239	18	5,924,158
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		9,505,482	25	6,477,105
	26	**Total liabilities.** Add lines 17 through 25		27,203,970	26	24,183,085
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		23,780,994	27	25,335,354
	28	Temporarily restricted net assets		36,217,951	28	38,662,678
	29	Permanently restricted net assets		17,799,990	29	17,970,579
		Organizations that do not follow SFAS 117 (ASC 958), 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		77,798,935	33	81,968,611
	34	Total liabilities and net assets/fund balances		105,002,905	34	106,151,696

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	238,552,752
2	Total expenses (must equal Part IX, column (A), line 25)	2	239,297,115
3	Revenue less expenses Subtract line 2 from line 1	3	-744,363
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,798,935
5	Net unrealized gains (losses) on investments	5	2,407,300
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,506,739
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	81,968,611

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 54-0536100
Name: CHILDFUND INTERNATIONAL USA

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
A HUGH EWING III DIRECTOR	2 00	X						0	0	0
ROGER GREGORY DIRECTOR	2 00	X						0	0	0
MARILYN GRIST DIRECTOR	2 00	X						0	0	0
SARAH HANSON DIRECTOR	2 00	X						0	0	0
BARBARA JOYNES DIRECTOR	2 00	X						0	0	0
DARRELL MARTIN DIRECTOR	2 00	X						0	0	0
MAUREEN DENLEA-MASSEY DIRECTOR	2 00	X						0	0	0
JOHN PURNELL JR DIRECTOR	2 00	X						0	0	0
THOMAS WEISNER DIRECTOR	2 00	X						0	0	0
BRIAN WILCOX DIRECTOR	2 00	X						0	0	0
NANCY HILL DIRECTOR	2 00	X						0	0	0
PAUL HIRSCHBIEL DIRECTOR	2 00	X						0	0	0
AUSTIN BROCKENBROUGH IV DIRECTOR	2 00	X						0	0	0
JOHN LEWIS DIRECTOR	2 00	X						0	0	0
JESUS AMADEO DIRECTOR	2 00	X						0	0	0
JANE BROWN DIRECTOR	2 00	X						0	0	0
THOMAS DELINE DIRECTOR	2 00	X						0	0	0
ARI RODRIGUEZ HEFKE DIRECTOR	2 00	X						0	0	0
THOMAS SNEAD DIRECTOR	2 00	X						0	0	0
DANIEL SILVA-JAUREGUI DIRECTOR	2 00	X						0	0	0
ANNE GODDARD PRESIDENT	40 00			X				286,852	0	46,359
JAMES TUITE VICE PRESIDENT/CFO	40 00			X				198,915	0	37,036
ISAM GHANIM EXECUTIVE VICE PRESIDENT	40 00				X			315,563	0	25,534
STEVEN STIRLING EXECUTIVE VICE PRESIDENT	40 00				X			197,201	0	34,217
JUMBE SUBUNYA REGIONAL DIRECTOR	40 00					X		209,712	0	43,595

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEOFFREY PETKOVICH REGIONAL DIRECTOR	40 00					X		189,779	0	24,897
CHERI DAHL VICE PRESIDENT	40 00					X		181,654	0	34,150
SCOTT LEMLER VICE PRESIDENT	40 00					X		167,382	0	29,071
PAUL BODE REGIONAL DIRECTOR	40 00					X		161,771	0	8,093

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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

2012

Open to Public Inspection

Name of the organization
CHILDFUND INTERNATIONAL USA

Employer identification number
54-0536100

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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	216,130,540	212,431,296	223,284,175	226,340,139	233,739,486	1,111,925,636
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	216,130,540	212,431,296	223,284,175	226,340,139	233,739,486	1,111,925,636
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						1,111,925,636

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	216,130,540	212,431,296	223,284,175	226,340,139	233,739,486	1,111,925,636
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	633,204	2,061,392	2,373,177	1,601,519	2,454,379	9,123,671
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)	349,747	288,436	115,966	198,054	112,279	1,064,482
11 **Total support** (Add lines 7 through 10)						1,122,113,789

12	Gross receipts from related activities, etc (see instructions)	12	6,998,400

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 2012 (line 6, column (f) divided by line 11, column (f))	14	99 090 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	99 420 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION GENERAL EXPLANATION - LINE 10 MISCELLANEOUS INCOME

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CHILDFUND INTERNATIONAL USA

Employer identification number
54-0536100

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	11,250,600	11,430,147	10,025,252	9,209,765	11,205,152
b	Contributions	3,383	140,370	136,071	67,587	367,931
c	Net investment earnings, gains, and losses	976,479	-57,944	1,556,533	888,516	-1,948,338
d	Grants or scholarships					
e	Other expenditures for facilities and programs	62,113	242,099	262,154	120,161	396,560
f	Administrative expenses	20,631	19,874	25,555	20,455	18,420
g	End of year balance	12,147,718	11,250,600	11,430,147	10,025,252	9,209,765

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 26 300 %
- b Permanent endowment ▶ 67 180 %
- c Temporarily restricted endowment ▶ 6 520 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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)	Yes	
(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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,146,128		1,146,128
b Buildings		15,817,074	7,853,772	7,963,302
c Leasehold improvements		152,681	152,681	0
d Equipment		13,962,857	11,778,436	2,184,421
e Other		10,083,858	6,743,513	3,340,345
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				14,634,196

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		
(3) Other		
(A) REAL ESTATE INVESTMENT TRUST	1,585,993	C
(B) FUNDS OF FUNDS	5,819,913	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	7,405,906	

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) must 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
(1) BENEFICIAL INTEREST IN TRUST	13,046,636
(2) COIN COLLECTIONS	73,510
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	13,120,146

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED BENEFIT LIABILITY	6,477,105
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	6,477,105

2. Fin 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	258,077,199
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,407,300		
b	Donated services and use of facilities	2b	14,529,681		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	2,506,739		
e	Add lines **2a** through **2d**			2e	19,443,720
3	Subtract line **2e** from line **1**			3	238,633,479
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	61,005		
b	Other (Describe in Part XIII)	4b	-141,732		
c	Add lines **4a** and **4b**			4c	-80,727
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	238,552,752

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

1	Total expenses and losses per audited financial statements			1	253,907,523
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	14,529,681		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	14,529,681
3	Subtract line **2e** from line **1**			3	239,377,842
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	61,005		
b	Other (Describe in Part XIII)	4b	-141,732		
c	Add lines **4a** and **4b**			4c	-80,727
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	239,297,115

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	CHILDFUND HAS SEVERAL ENDOWMENTS WHICH INCLUDE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD, AS WELL AS BOARD-DESIGNATED FUNDS INVESTMENT GAINS AND YIELDS ON THE INVESTED PRINCIPAL ARE USED TO PROVIDE FOOD, EDUCATION, BASIC HEALTH CARE, SCHOLARSHIPS, AND PROGRAM SUPPORT BEYOND THE REACH OF TRADITIONAL SPONSORSHIP FUNDING
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	ON JULY 1, 2009, CHILDFUND ADOPTED THE PROVISIONS OF FASB ASC 740-10, INCOME TAXES, WHICH REQUIRES A TAX POSITION BE RECOGNIZED ON A "MORE-LIKELY THAN-NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN CHILDFUND DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE OR REFLECT ANY UNCERTAIN TAX POSITIONS NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED FOR THE YEARS ENDED JUNE 30, 2012, 2011 AND 2010
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE SPLIT INTEREST CGA -126,567 CHANGE IN ACCRUED BENEFIT LIABILITY 2,633,306
PART XI, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B - 141,732
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B - 141,732

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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

2012

Open to Public Inspection

Name of the organization
CHILDFUND INTERNATIONAL USA

Employer identification number
54-0536100

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	See Add'l Data					
3a	Sub-total	32	1,519			188,037,024
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	32	1,519			188,037,024

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. Part II can be duplicated 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 . . . . ▶ 30

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

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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 ALTHOUGH CHILDFUND DOES NOT CONSIDER ITS USE OF FUNDS BY THE OVERSEAS LOCAL COMMUNITY ORGANIZATIONS AS A USE OF GRANT FUNDS COMING FROM THE ORGANIZATION, INTERNAL CONTROLS HAVE BEEN ESTABLISHED TO ENSURE THAT THE FINANCIAL ASSISTANCE PROVIDED IS USED FOR CHILDFUND'S TAX-EXEMPT PURPOSE EACH COMMUNITY ORGANIZATION IS CHOSEN FOR PARTNERSHIP BASED ON ITS INTEGRITY AND ABILITY TO CARRY OUT CHILDFUND'S MISSION IN THE PROJECT AREAS THESE PARTNER ORGANIZATIONS MUST UNDERGO A THOROUGH SCREENING PROCESS TO ENSURE THAT THEY ARE LEGITIMATE, DEMONSTRATE GOOD GOVERNANCE, AND ARE VIABLE TO HELP MEET REGULATORY REQUIREMENTS IN ADDITION TO FINANCIAL SUPPORT, CHILDFUND PROVIDES TECHNICAL ASSISTANCE AND OVERSIGHT TO THE ORGANIZATIONS TO HELP BUILD CAPACITY FOR ALL LOCAL PROGRAM ACTIVITIES ADDITIONAL CONTROLS ARE ESTABLISHED FOR THE FLOW OF FUNDS BANKING RELATIONSHIPS IN EACH LOCAL COMMUNITY ARE ESTABLISHED AND MANAGED BY THE CORPORATE OFFICE IN RICHMOND, VIRGINIA NO LOCAL SIGNATORIES ARE PERMITTED ON ANY OF THE OVERSEAS TRANSMITTAL ACCOUNTS ALL WIRE TRANSFERS OF FUNDS TO THE LOCAL COMMUNITY BANKS MUST BE APPROVED BY THE CORPORATE OFFICE, AS WELL AS ANY DISBURSEMENTS OF FUNDS FOR THE PROGRAM RELATED EXPENDITURES THE LOCAL ORGANIZATION MUST PROVIDE AN ACCOUNTING OF ITS USE OF FUNDS BY SUBMITTING MONTHLY FINANCIAL REPORTS TO THE NATIONAL OFFICE ANNUAL AUDITS ARE ALSO REQUIRED FOR ALL LOCAL COMMUNITY PROJECTS AND PROGRAMS TO PROVIDE ASSURANCE AND ACCEPTANCE BY ANY LEGAL, GOVERNMENTAL OR PROFESSIONAL BODY CHILDFUND ALSO OPERATES AS A PASS THROUGH ENTITY FOR CERTAIN U S GOVERNMENT GRANT FUNDED PROJECTS WHERE SPECIFIC NEEDS HAVE BEEN IDENTIFIED CHILDFUND SUBMITS DETAILED BUDGETS FOR APPROVAL TO THE RESPECTIVE AGENCIES PRIOR TO THE START OF A GRANT IN ORDER TO ENSURE THAT GRANT EXPENDITURES ARE ACCOUNTED FOR PROPERLY CHILDFUND HAS ALSO ESTABLISHED PROCEDURES FOR ALL SUB-RECIPIENTS TO MONITOR EXPENSES, PROGRAM QUALITY, AND COMPLIANCE STAFF MEMBERS RESPONSIBLE FOR IMPLEMENTATION ARE REQUIRED TO COMPLETE NECESSARY EDUCATION REQUIREMENTS AND HAVE A WORKING KNOWLEDGE OF OMB CIRCULAR A-122 7 PROFESSIONAL AUDITS ARE CONDUCTED ANNUALLY FOR ALL GRANT RELATED ACTIVITIES

Additional Data

Software ID:
Software Version:
EIN: 54-0536100
Name: CHILDFUND INTERNATIONAL USA

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to 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
CENTRAL AMERICA AND THE CARIBBEAN	5	167	PROGRAM SERVICES	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	15,575,752
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENT		3,854,732
EAST ASIA AND THE PACIFIC	5	265	PROGRAM SERVICES	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	31,386,730

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to 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
NORTH AMERICA	1	19	PROGRAM SERVICES	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	7,272,144
RUSSIA & THE NEWLY INDEPENDENT STATES	1	16	PROGRAM SERVICES	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	991,646
SOUTH AMERICA	3	116	PROGRAM SERVICES	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	23,430,393

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to 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
SOUTH ASIA	3	160	PROGRAM SERVICES	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	16,648,276
SUB-SAHARAN AFRICA	14	776	PROGRAM SERVICES	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	88,877,351

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)
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	1,079,495	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	3,844,241	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	6,686,316	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	8,770,904	WIRE TRANSFER	132,030	EDUCATIONAL SUPPLIES	FMV

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 AND THE PACIFIC	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	5,212,014	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	6,485,846	WIRE TRANSFER	170	EDUCATIONAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	3,102,911	WIRE TRANSFER	418,003	SHOES	DISCOUNTED FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	988,079	WIRE TRANSFER	411,349	SHOES	DISCOUNTED FMV

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 AND THE PACIFIC	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	626,639	WIRE TRANSFER			
		NORTH AMERICA	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	5,485,468	WIRE TRANSFER			
		RUSSIA & THE NEWLY INDEPENDENT STATES	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	611,127	WIRE TRANSFER	360,702	WINTER BOOTS	DISCOUNTED FMV
		SOUTH AMERICA	BASIC EDUCATION,HEALTH/SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODEDUCATION,MED,NUTRITION	11,171,119	WIRE TRANSFER			

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)
		SOUTH AMERICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	4,176,115	WIRE TRANSFER			
		SOUTH AMERICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	4,705,096	WIRE TRANSFER			
		SOUTH ASIA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	9,613,246	WIRE TRANSFER			
		SOUTH ASIA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	4,111,351	WIRE TRANSFER	13,199	EDUCATIONAL SUPPLIES	FMV

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)
		SOUTH ASIA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	566,558	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	3,030,845	WIRE TRANSFER	1,512,672	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	6,248,273	WIRE TRANSFER	943,881	SHOES, HOUSEHOLD GOODS	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	8,338,252	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	13,524,423	WIRE TRANSFER	1,576,218	FOOD	FMV
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	13,169,874	WIRE TRANSFER	2,678,067	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	8,260,678	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	165,078	WIRE TRANSFER			

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)
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	1,653,285	WIRE TRANSFER	427,500	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	6,984,238	WIRE TRANSFER	2,841,769	SHOES, FOOD	FMV
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	1,319,513	WIRE TRANSFER	354,293	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	1,348,892	WIRE TRANSFER	1,614,015	SHOES	DISCOUNTED FMV

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)
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	83,504	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	EDUCATION,HEALTH&SANITATION,EMERGENCY RESPONSE,EARLY CHILDHOODED,MED,NUTRITION	1,697,291	WIRE TRANSFER			

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CHILDFUND INTERNATIONAL USA

Employer identification number
54-0536100

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
ISANDBOX 10120 WEST BROAD STREET STE G GLEN ALLEN, VA 23060	DIRECT MAIL		No	5,021,545	358,093	4,663,452
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	PHONE		No	4,059,046	124,783	3,934,263
FUNDRAISING INITIATIVES INC 489 QUEEN ST E STE 301 TORONTO, ONTARIO CA MSA 1V1	IN PERSON		No	1,401,553	1,068,554	332,999
PUBLIC OUTREACH FUNDRAISING LLC 1511 3RD AVENUE SUITE 788 SEATTLE, WA 98101	IN PERSON		No	1,327,747	2,407,579	-1,079,832
APPCO GROUP 30 WEST 21 STREET LEVEL 6 NEW YORK, NY 10010	IN PERSON		No	1,074,760	1,185,470	-110,710
DONORWORX INC 191 POST ROAD WEST WESTPORT, CT 06880	IN PERSON		No	80,996	214,426	-133,430
CRAVER MATHEW SMITH AND COMPANY 1900 CAMPUS COMMONS DRIVE STE 450 RESTON, VA 20191	DIRECT MAIL		No	1,002	124,500	-123,498
Total ▶				12,966,649	5,483,405	7,483,244

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary Combine line 3, column (d), and line 10 ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation

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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

2012

Open to Public Inspection

Name of the organization
CHILDFUND INTERNATIONAL USA

Employer identification number
54-0536100

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. Part II can be duplicated if additional space is needed.

(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) AVANCE RIO GRANDE VALLEY 1418 BEECH AVENUE STE 137 MCALLEN,TX 78501	74-1769114	501(C)(3)	493,435				EDUCATION/HEALTH AND SANITATION/ECD
(2) BOYS AND GIRLS CLUB OF DELAWARE COUNTY 508 W DIAL STREET PO BOX 1260 JAY,OK 74346	73-1214669	501(C)(3)	69,503				EDUCATION/HEALTH AND SANITATION/ECD
(3) BOYS AND GIRLS CLUB OF SEQUOYAH COUNTY 111 NORTH ELM PO BOX 1028 SALLISAW,OK 74955	73-1128670	501(C)(3)	104,855				EDUCATION/HEALTH AND SANITATION/ECD
(4) BRICKFIRE PROJECT 143 WESTSIDE DRIVE STARKSVILLE,MS 39759	64-0712270	501(C)(3)	127,701				EDUCATION/HEALTH AND SANITATION/ECD
(5) KID CONNECTIONS INC 816 SOUTH COLLEGE AVENUE TAHLEQUAH,OK 74464	73-1421532	501(C)(3)	80,850				EDUCATION/HEALTH AND SANITATION/ECD
(6) NORTH DELTA YOUTH DEVELOPMENT CENTER 703 DARBY STREET PO BOX 326 LAMBERT,MS 38643	64-0849178	501(C)(3)	64,645				EDUCATION/HEALTH AND SANITATION/ECD
(7) OPERATION SHOESTRING 1711 BAILEY AVENUE PO BOX 11223 JACKSON,MS 39283	64-0471554	501(C)(3)	152,307				EDUCATION/HEALTH AND SANITATION/ECD
(8) OYATE NETWORKING MISSION OFFICE 2ND AND GRANT STREET PO BOX 755 MISSION,SD 57555	46-0438929	501(C)(3)	210,003				EDUCATION/HEALTH AND SANITATION/ECD
(9) TURTLE MOUNTAIN YOUTH & FAMILY 1208 WEST MAIN AVENUE PO BOX 669 ROLLA,ND 58367	45-0422420	501(C)(3)	55,206				EDUCATION/HEALTH AND SANITATION/ECD
(10) WE CARE COMMUNITY SERVICES 909 WALNUT STREET PO BOX 767 VICKSBURG,MS 39180	51-0188737	501(C)(3)	58,835				EDUCATION/HEALTH AND SANITATION/ECD
(11) BOYS AND GIRLS CLUB OF NW MISSISSIPPI 630 HIGHWAY 51 SOUTH BATESVILLE,MS 38606	64-0880602	501(C)(3)	18,519				EDUCATION/HEALTH AND SANITATION/ECD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 12

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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. Part III can be duplicated 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, Part III, column (b), 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 ALTHOUGH CHILDFUND DOES NOT CONSIDER ITS USE OF FUNDS BY DOMESTIC LOCAL COMMUNITY ORGANIZATIONS AS A USE OF GRANTS COMING FROM THE ORGANIZATION, INTERNAL CONTROLS HAVE BEEN ESTABLISHED TO ENSURE THAT THE FINANCIAL ASSISTANCE PROVIDED IS USED FOR CHILDFUND'S EXEMPT PURPOSE

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0536100
Name: CHILDFUND INTERNATIONAL USA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
AVANCE RIO GRANDE VALLEY1418 BEECH AVENUE STE 137 MCALLEN,TX 78501	74-1769114	501(C)(3)	493,435				EDUCATION/HEALTH AND SANITATION/ECD
BOYS AND GIRLS CLUB OF DELAWARE COUNTY508 W DIAL STREET PO BOX 1260 JAY,OK 74346	73-1214669	501(C)(3)	69,503				EDUCATION/HEALTH AND SANITATION/ECD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BOYS AND GIRLS CLUB OF SEQUOYAH COUNTY111 NORTH ELM PO BOX 1028 SALLISAW,OK 74955	73-1128670	501(C)(3)	104,855				EDUCATION/HEALTH AND SANITATION/ECD
BRICKFIRE PROJECT143 WESTSIDE DRIVE STARKSVILLE,MS 39759	64-0712270	501(C)(3)	127,701				EDUCATION/HEALTH AND SANITATION/ECD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
KID CONNECTIONS INC 816 SOUTH COLLEGE AVENUE TAHLEQUAH,OK 74464	73-1421532	501(C)(3)	80,850				EDUCATION/HEALTH AND SANITATION/ECD
NORTH DELTA YOUTH DEVELOPMENT CENTER 703 DARBY STREET PO BOX 326 LAMBERT,MS 38643	64-0849178	501(C)(3)	64,645				EDUCATION/HEALTH AND SANITATION/ECD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
OPERATION SHOESTRING 1711 BAILEY AVENUE PO BOX 11223 JACKSON,MS 39283	64-0471554	501(C)(3)	152,307				EDUCATION/HEALTH AND SANITATION/ECD
OYATE NETWORKING MISSION OFFICE2ND AND GRANT STREET PO BOX 755 MISSION,SD 57555	46-0438929	501(C)(3)	210,003				EDUCATION/HEALTH AND SANITATION/ECD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
TURTLE MOUNTAIN YOUTH & FAMILY1208 WEST MAIN AVENUE PO BOX 669 ROLLA,ND 58367	45-0422420	501(C)(3)	55,206				EDUCATION/HEALTH AND SANITATION/ECD
WE CARE COMMUNITY SERVICES909 WALNUT STREET PO BOX 767 VICKSBURG,MS 39180	51-0188737	501(C)(3)	58,835				EDUCATION/HEALTH AND SANITATION/ECD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BOYS AND GIRLS CLUB OF NW MISSISSIPPI630 HIGHWAY 51 SOUTH BATESVILLE,MS 38606	64-0880602	501(C)(3)	18,519				EDUCATION/HEALTH AND SANITATION/ECD

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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

2012

Open to Public Inspection

Name of the organization
CHILDFUND INTERNATIONAL USA

Employer identification number
54-0536100

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
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**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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?	**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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ANNE GODDARD PRESIDENT	(i) (ii)	286,852 0	0 0	0 0	26,201 0	20,158 0	333,211 0	0 0
(2)JAMES TUITE VICE PRESIDENT/CFO	(i) (ii)	198,915 0	0 0	0 0	18,588 0	18,448 0	235,951 0	0 0
(3)ISAM GHANIM EXECUTIVE VICE PRESIDENT	(i) (ii)	199,043 0	0 0	116,520 0	14,484 0	11,050 0	341,097 0	0 0
(4)STEVEN STIRLING EXECUTIVE VICE PRESIDENT	(i) (ii)	197,201 0	0 0	0 0	18,270 0	15,947 0	231,418 0	0 0
(5)JUMBE SUBUNYA REGIONAL DIRECTOR	(i) (ii)	136,482 0	0 0	73,230 0	7,912 0	35,683 0	253,307 0	0 0
(6)GEOFFREY PETKOVICH REGIONAL DIRECTOR	(i) (ii)	119,859 0	0 0	69,920 0	6,937 0	17,960 0	214,676 0	0 0
(7)CHERI DAHL VICE PRESIDENT	(i) (ii)	181,654 0	0 0	0 0	16,820 0	17,330 0	215,804 0	0 0
(8)SCOTT LEMLER VICE PRESIDENT	(i) (ii)	167,382 0	0 0	0 0	14,672 0	14,399 0	196,453 0	0 0
(9)PAUL BODE REGIONAL DIRECTOR	(i) (ii)	131,771 0	0 0	30,000 0	0 0	8,093 0	169,864 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	EXPATRIATE KEY EMPLOYEES MAY BE PROVIDED WITH A HOUSING ALLOWANCE, TAX INDEMINIFICATION, AND TRAVEL FOR COMPANIONS FOR HOME LEAVE ONLY THESE BENEFITS ARE SPECIFIED IN INDIVIDUAL CONTRACTS AND INCLUDED IN TAXABLE COMPENSATION
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART I, LINE 3 - CHILDFUND PROVIDED EXTERNAL MARKET FOR COMPENSATION BENCHMARKS TO THE BOARD COMPENSATION COMMITTEE FOR REVIEW FOR THE CEO THE COMMITEE IS INDEPENDENT AND THEIR DECISIONS ARE DOCUMENTED IN BOARD MINUTES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 54-0536100
Name: CHILDFUND INTERNATIONAL USA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
ANNE GODDARD	(I)	286,852	0	0	26,201	20,158	333,211	0
	(II)	0	0	0	0	0	0	0
JAMES TUITE	(I)	198,915	0	0	18,588	18,448	235,951	0
	(II)	0	0	0	0	0	0	0
ISAM GHANIM	(I)	199,043	0	116,520	14,484	11,050	341,097	0
	(II)	0	0	0	0	0	0	0
STEVEN STIRLING	(I)	197,201	0	0	18,270	15,947	231,418	0
	(II)	0	0	0	0	0	0	0
JUMBE SUBUNYA	(I)	136,482	0	73,230	7,912	35,683	253,307	0
	(II)	0	0	0	0	0	0	0
GEOFFREY PETKOVICH	(I)	119,859	0	69,920	6,937	17,960	214,676	0
	(II)	0	0	0	0	0	0	0
CHERI DAHL	(I)	181,654	0	0	16,820	17,330	215,804	0
	(II)	0	0	0	0	0	0	0
SCOTT LEMLER	(I)	167,382	0	0	14,672	14,399	196,453	0
	(II)	0	0	0	0	0	0	0
PAUL BODE	(I)	131,771	0	30,000	0	8,093	169,864	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CHILDFUND INTERNATIONAL USA

Employer identification number
54-0536100

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 noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		10,833,022	DISCOUNTED FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	9	2,149,799	FMV
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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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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

2012

Open to Public Inspection

Name of the organization
CHILDFUND INTERNATIONAL USA

Employer identification number
54-0536100

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY OUR CONTROLLER, CFO, AN INDEPENDENT TAX CONSULTANT, AND MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD OF DIRECTORS, PRESIDENT, AND VICE PRESIDENTS ARE REQUIRED TO ANNUALLY REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE STATEMENT THE STATEMENT REQUIRES DISCLOSURE OF ANY RELATIONSHIP OR ACTIVITY WHICH MAY CONSTITUTE A CONFLICT OF INTEREST BOARD MEMBERS ARE ALSO REQUIRED TO PROMPTLY UPDATE THEIR DISCLOSURE STATEMENT WITH NEW RELATIONSHIPS OR ACTIVITIES WHICH MAY CONSTITUTE A CONFLICT OF INTEREST DISCLOSURES MADE ARE REVIEWED BY THE FULL BOARD OF DIRECTORS IN CONSULTATION WITH THE FINANCE DEPARTMENT AND ACTION IS TAKEN TO AVOID POTENTIAL OR ACTUAL CONFLICT MEMBERS OF STAFF ARE REQUIRED TO RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE STATEMENT WHEN HIRED NON-KEY EMPLOYEES ARE REQUIRED TO PROMPTLY DISCLOSE TO THEIR SUPERVISOR AS SOON AS THEY BECOME AWARE OF A CONFLICT, POTENTIAL CONFLICT OR APPEARANCE OF A CONFLICT MANAGEMENT IN CONSULTATION WITH THE ASSURANCE DEPARTMENT REVIEWS THE DISCLOSURE AND TAKES ACTION TO AVOID POTENTIAL OR ACTUAL CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15A	CHILDFUND PROVIDED EXTERNAL MARKET DATA FOR COMPENSATION BENCHMARKS TO THE BOARD COMPENSATION COMMITTEE FOR REVIEW FOR THE CEO IN RICHMOND, VA THE COMMITTEE IS INDEPENDENT AND THEIR DECISIONS ARE DOCUMENTED IN BOARD MINUTES
	FORM 990, PART VI, SECTION C, LINE 19	CHILDFUND'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN ACCRUED BENEFIT LIABILITY 2,633,306 CHANGE IN VALUE SPLIT INTEREST CGA -126,567
	FORM 990, PART XII, LINE 2C	THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS
	FORM 990, PART VII, SECTION A, LINE 1A	ON A FULL TRANSPARENCY POSTURE, CHILDFUND HAS ELECTED TO INCLUDE ALL "OTHER COMPENSATION" IN COLUMN F, REGARDLESS OF AMOUNT