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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

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 province, country, and ZIP or foreign postal code
RICHMOND, VA 232943726

D Employer identification number

54-0536100

E Telephone number

(804) 756-2700

G Gross receipts \$ 241,754,485

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

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates 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

Activities & Governance	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		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	261
	6 Total number of volunteers (estimate if necessary)	6	175
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-12,484
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-12,484
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		233,739,486	232,476,183
		1,462,460	1,358,778
		2,823,019	1,696,311
		527,787	326,005
		238,552,752	235,857,277
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	158,324,358	156,956,624
	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)	35,731,336	36,057,049
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,483,405	4,655,811
	b Total fundraising expenses (Part IX, column (D), line 25) 22,305,658		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,758,016	31,736,905
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	239,297,115	229,406,389
	19 Revenue less expenses Subtract line 18 from line 12	-744,363	6,450,888
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
		106,151,696	117,101,446
		24,183,085	26,560,902
		81,968,611	90,540,544

Part II

Signature Block

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

Sign Here

Signature of officer

JAMES TUIITE VICE PRESIDENT FINANCE & CFO

Type or print name and title

2015-02-16

Date

Paid Preparer Use Only

Prrnt/Type preparer's name
YONG ZHANG CPA

Firm's name **MCGLADREY LLP**

Firm's address **1861 INTERNATIONAL DRIVE SUITE 400**
MCLEAN, VA 22102

Preparer's signature

Date

Check ☐ if self-employed

PTIN
P01249785

Firm's EIN **42-0714325**

Phone no (703) 336-6400

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 PROGRAMS REACH AN ESTIMATED 13 5 MILLION INFANTS,CHILDREN, YOUTH AND PARENTS ANNUALLY 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 INFANTS, CHILDREN AND YOUTH, INCLUDING THEIR PARENTS AND FAMILIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

Yes

No

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 \$ 71,899,533 including grants of \$ 59,633,621) (Revenue \$ 516,250)

BASIC EDUCATION CHILDFUND'S EDUCATIONAL PROGRAMS WORK WITH EDUCATORS, COMMUNITY GROUPS, PARENTS, AND CHILDREN ALIKE TOWARDS THE GOAL OF HAVING ALL CHILDREN ENTER SCHOOLS READY TO LEARN AND COMPLETE BASIC EDUCATION THROUGH ACTIVITIES THAT INCLUDE IMPROVING EARLY CHILDHOOD & SCHOOL FACILITIES, ENHANCING TEACHING METHODOLOGIES, CREATING SAFER SCHOOL ENVIRONMENTS, AS WELL AS, IMPROVING POLICIES TO ENHANCE STUDENT ACCESS AND SAFETY

4b

(Code) (Expenses \$ 36,640,508 including grants of \$ 30,389,713) (Revenue \$ 263,085)

HEALTH & SANITATION WHAT HAPPENS IN THE FIRST YEARS OF LIFE PROVIDES THE FOUNDATION UPON WHICH A CHILD GROWS AND DEVELOPS CORE PROGRAMS ADDRESS SAFE MOTHERHOOD AND NEWBORN CARE, INTEGRATED EARLY CHILDHOOD DEVELOPMENT, INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES, NUTRITION, WATER AND SANITATION, CHILD, YOUTH AND ADULT FOCUSED SEXUAL AND REPRODUCTIVE HEALTH AND EDUCATION

4c

(Code) (Expenses \$ 30,157,855 including grants of \$ 25,012,988) (Revenue \$ 216,538)

EARLY CHILDHOOD DEVELOPMENT CHILDFUND IS COMMITTED TO EFFECTIVEPROGRAMS THAT PROMOTE CHILD DEVELOPMENT AND SECURE INFANTS ANDYOUNG CHILDREN, EARLY CHILDHOOD DEVELOPMENT AND PROTECTIONSERVICES INCLUDE PARENTING EDUCATION AND SUPPORT GROUPS HOMEBASED OUTREACH TO SUPPORT AND PROMOTE CHILD DEVELOPMENT, ANDPRESCHOOL SERVICES IN COMMUNITY MANAGED CENTERS CHILDFUND ALSOCOMBINES SPECIAL ACTIVITIES FOR CHILDREN, TRAINING FOR EARLYCHILDHOOD DEVELOPMENT AND FIRST GRADE TEACHERS, AS WELL AS,PARENTS TO IMPROVE A CHILD'S TRANSITION FROM EARLY CHILDHOODCENTERS TO PRIMARY SCHOOL

(Code) (Expenses \$ 21,427,920 including grants of \$ 17,772,361) (Revenue \$ 121,400)

MICRO-ENTERPRISE DEVELOPMENT THE WORLD IS EXPERIENCING A YOUTH EMPLOYMENT CRISIS CHILDFUND'S APPROACH IS TO SUPPORT YOUTH LIVELIHOOD DEVELOPMENT WITH A FOCUS ON SKILLS TRAINING (INCLUDING LIFE SKILLS), PREPARATION FOR EMPLOYMENT, GUIDANCE ON BUSINESS DEVELOPMENT, LEADERSHIP DEVELOPMENT AND CIVIC ENGAGEMENT

(Code) (Expenses \$ 16,907,696 including grants of \$ 14,023,278) (Revenue \$ 153,856)

NUTRITION CHILDFUND INTERNATIONAL PROMOTES INTERVENTIONS THATIMPACT YOUNG CHILDREN AND MOTHERS THESE PRACTICAL MEASURESINCLUDE NUTRITION EDUCATION AND PROMOTION, MICRONUTRIENTSUPPLEMENTATION, PARASITE CONTROL MEASURES, AND SITUATIONSPECIFICHOUSEHOLD FOOD SECURITY INTERVENTIONS

(Code) (Expenses \$ 12,207,183 including grants of \$ 10,124,663) (Revenue \$ 87,649)

DURING THE FISCAL PERIOD CHILDFUND PROVIDED AID AND ASSISTANCE TONUMEROUS VICTIMS OF DISASTER AND HUMANITARIAN CRISIS AROUND THEWORLD, INCLUDING RESPONSES TO TYPHOON PHAILIN IN INDIA, TO TYPHOONHAIYAN IN THE PHILIPPINES, TO CROSS-BORDER CHILD MIGRATION IN THEAMERICAS, AND AN ON-GOING REGIONAL RESPONSE TO THE EBOLA VIRUSDISEASE OUTBEAK IN WEST AFRICA

4d

Other program services (Describe in Schedule O)

(Expenses \$ 50,542,799 including grants of \$ 41,920,302) (Revenue \$ 362,905)

4e

Total program service expenses

189,240,695

Form 990 (2013)

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	150	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	261	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		
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)?	Yes	
b	AF, AO, BL, BO, BR, CE, DO, EC, ET, GA, GT, GV, HO, ID, IN, KE, LI, MX, MZ, PM, RP, SF, SG, SL, TH, TT, UG, VC, ZA If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		

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 or note to any line 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	21	
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	21	
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 TUI TE 2821 EMERYWOOD PKWY RICHMOND, VA 232943726 (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 or note to any line 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) MARILYN GRIST DIRECTOR	2 00	X						0	0	0
(3) SARAH HANSON DIRECTOR	2 00	X						0	0	0
(4) BARBARA JOYNES DIRECTOR	2 00	X						0	0	0
(5) DARRELL MARTIN DIRECTOR	2 00	X						0	0	0
(6) THOMAS WEISNER DIRECTOR	2 00	X						0	0	0
(7) BRIAN WILCOX DIRECTOR	2 00	X						0	0	0
(8) NANCY HILL DIRECTOR	2 00	X						0	0	0
(9) AUSTIN BROCKENBROUGH IV DIRECTOR	2 00	X						0	0	0
(10) JOHN LEWIS DIRECTOR	2 00	X						0	0	0
(11) JANE BROWN DIRECTOR	2 00	X						0	0	0
(12) THOMAS DELINE DIRECTOR	2 00	X						0	0	0
(13) ARIANA RODRIGUEZ HEFKE DIRECTOR	2 00	X						0	0	0
(14) THOMAS SNEAD DIRECTOR	2 00	X						0	0	0
(15) DANIEL SILVA-JAUREGUI DIRECTOR	2 00	X						0	0	0
(16) ANNE WALESKI DIRECTOR	2 00	X						0	0	0
(17) ELIZABETH FLANAGAN 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) MAUREEN DENLEA DIRECTOR	2 00	X						0	0	0
(19) JESUS M AMADEO DIRECTOR	2 00	X						0	0	0
(20) ROGER GREGORY DIRECTOR	2 00	X						0	0	0
(21) ED GRIER DIRECTOR	2 00	X						0	0	0
(22) ANNE GODDARD PRESIDENT	40 00			X				307,712	0	51,206
(23) JAMES TUIE VICE PRESIDENT, CFO	40 00			X				204,320	0	41,853
(24) ISAM GHANIM EXECUTIVE VICE PRESIDENT	40 00				X			311,955	0	44,697
(25) STEVEN STIRLING EXECUTIVE VICE PRESIDENT	40 00				X			205,346	0	49,754
(26) JUMBE SUBUNYA REGIONAL DIRECTOR	40 00					X		215,511	0	41,110
(27) GEOFFREY PETKOVICH REGIONAL DIRECTOR	40 00					X		194,775	0	18,285
(28) CHERI DAHL VICE PRESIDENT	40 00					X		186,408	0	37,237
(29) SCOTT LEMLER VICE PRESIDENT	40 00					X		172,580	0	31,642
(30) TEREZA BYRNE VICE PRESIDENT	40 00					X		183,362	0	31,737
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,981,969	0	347,521

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▶43

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	5,051,593
PUBLIC OUTREACH 179 JOHN ST STE 301ATORONTOCAMST 1X4	MEDIA/ADVERTISING	2,018,120
BLUE WOLF GROUP LLC 11 E 26TH ST 21ST FLOOR NEW YORK NY 10010	CONSULTING SERVICES	1,893,252
ISANDBOX 10120 WEST BROAD ST SUITE G GLEN ALLEN VA 23060	MEDIA/ADVERTISING	1,782,879
APPCO 30 WEST 21 ST LEVEL 6 NEW YORK NY 10010	MEDIA/ADVERTISING	1,414,779
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 ▶31	

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	14,056,604			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	218,419,579			
	g	Noncash contributions included in lines 1a-1f \$	20,723,884			
	h	Total. Add lines 1a-1f	232,476,183			
Program Service Revenue	2a	CHILDFUND ALLIANCE MAI				
		Business Code				
		900099	1,358,778	1,358,778		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
Other Revenue	g	Total. Add lines 2a-2f	1,358,778			
	3	Investment income (including dividends, interest, and other similar amounts)	542,150		-12,484	554,634
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	(i) Real				
		(ii) Personal				
		180,599				
		88,057				
	b	Less rental expenses				
	c	Rental income or (loss)	92,542			
	d	Net rental income or (loss)	92,542			92,542
	7a	(i) Securities				
		(ii) Other				
		6,861,043				
		102,269				
	b	Less cost or other basis and sales expenses	5,776,164			
	c	Gain or (loss)	1,084,879			
	d	Net gain or (loss)	1,154,161			1,154,161
	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	233,463		233,463
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	233,463			
	12	Total revenue. See Instructions	235,857,277	1,358,778	-12,484	2,034,800

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,225,501	2,225,501		
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.	154,731,123	154,731,123		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,270,242	388,447	881,795	
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.	27,759,951	17,673,441	5,991,314	4,095,196
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,340,547	903,358	1,188,544	248,645
9	Other employee benefits.	2,330,029	1,182,172	794,204	353,653
10	Payroll taxes.	2,356,280	1,443,468	594,587	318,225
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	369,936	182,299	120,045	67,592
c	Accounting.	460,988	124,381	324,856	11,751
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	4,655,811			4,655,811
f	Investment management fees.	88,809		88,809	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,772,354	2,186,430	254,839	1,331,085
12	Advertising and promotion.	9,317,143	178,074	291,475	8,847,594
13	Office expenses.	5,663,987	1,416,119	3,244,852	1,003,016
14	Information technology.	2,404,312	12,039	2,381,515	10,758
15	Royalties.				
16	Occupancy.	1,750,091	1,420,703	147,496	181,892
17	Travel.	2,621,447	1,951,322	285,628	384,497
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	931,267	710,552	127,468	93,247
20	Interest.	7,897	6,312	1,585	
21	Payments to affiliates.	335,355		335,355	
22	Depreciation, depletion, and amortization.	2,525,545	1,677,133	745,570	102,842
23	Insurance.	26,340	26,340		
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	1,461,434	801,481	60,099	599,854
b					
c					
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	229,406,389	189,240,695	17,860,036	22,305,658
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 or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		10,069,797	1	12,008,574
	2	Savings and temporary cash investments		7,555,697	2	3,621,473
	3	Pledges and grants receivable, net		2,079,549	3	3,945,692
	4	Accounts receivable, net		4,682,716	4	2,754,623
	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		2,139,946	8	8,901,926
	9	Prepaid expenses and deferred charges		3,004,909	9	3,054,635
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a46,303,932			
	b	Less: accumulated depreciation	10b27,586,729	14,634,196	10c	18,717,203
	11	Investments—publicly traded securities		41,458,834	11	44,449,157
	12	Investments—other securities. See Part IV, line 11.		7,405,906	12	6,775,979
	13	Investments—program-related. See Part IV, line 11.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		13,120,146	15	12,872,184
	16	Total assets. Add lines 1 through 15 (must equal line 34).		106,151,696	16	117,101,446
Liabilities	17	Accounts payable and accrued expenses		11,781,822	17	9,605,945
	18	Grants payable		5,924,158	18	6,924,857
	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	3,700,000
	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.		6,477,105	25	6,330,100
	26	Total liabilities. Add lines 17 through 25.		24,183,085	26	26,560,902
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		25,335,354	27	31,462,252
	28	Temporarily restricted net assets		38,662,678	28	41,439,898
	29	Permanently restricted net assets		17,970,579	29	17,638,394
	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		81,968,611	33	90,540,544
	34	Total liabilities and net assets/fund balances		106,151,696	34	117,101,446

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	235,857,277
2	Total expenses (must equal Part IX, column (A), line 25)	2	229,406,389
3	Revenue less expenses Subtract line 2 from line 1	3	6,450,888
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,968,611
5	Net unrealized gains (losses) on investments	5	2,578,025
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	-456,980
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,540,544

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? 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	2a	No
b	Were the organization's financial statements audited by an independent accountant? 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	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization CHILDFUND INTERNATIONAL USA	Employer identification number 54-0536100
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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? (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? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	212,431,296	223,284,175	226,340,139	233,739,486	232,476,183	1,128,271,279
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	212,431,296	223,284,175	226,340,139	233,739,486	232,476,183	1,128,271,279
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)						2,387,650
6 Public support. Subtract line 5 from line 4						1,125,883,629

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	212,431,296	223,284,175	226,340,139	233,739,486	232,476,183	1,128,271,279
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,061,392	2,373,177	1,601,519	2,454,379	722,749	9,213,216
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)	288,436	115,966	198,054	112,279	233,463	948,198
11 Total support (Add lines 7 through 10)						1,138,432,693
12 Gross receipts from related activities, etc (see instructions)					12	7,085,775
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 2013 (line 6, column (f) divided by line 11, column (f))	14	98 900 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	99 090 %
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. 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	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2009 AMOUNT \$ 288,436 2010 AMOUNT \$ 115,966 2011 AMOUNT \$ 198,054 2012 AMOUNT \$ 112,279 2013 AMOUNT \$ 233,463

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization CHILDFUND INTERNATIONAL USA	Employer identification number 54-0536100
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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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

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
1c	
1d	
1e	
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	12,147,718	11,250,600	11,430,147	10,025,252	9,209,765
b Contributions	224,292	3,383	140,370	136,071	67,587
c Net investment earnings, gains, and losses	1,467,354	976,479	-57,944	1,556,533	888,516
d Grants or scholarships					
e Other expenditures for facilities and programs	96,777	62,113	242,099	262,154	120,161
f Administrative expenses	31,090	20,631	19,874	25,555	20,455
g End of year balance	13,711,497	12,147,718	11,250,600	11,430,147	10,025,252

- 2

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

a

Board designated or quasi-endowment

32 920 %

b

Permanent endowment

61 160 %

c

Temporarily restricted endowment

5 920 %

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 16,095,038 | 8,302,250 | 7,792,788 |
| c Leasehold improvements | | 152,681 | 152,681 | 0 |
| d Equipment | | 20,784,653 | 12,617,507 | 8,167,146 |
| e Other | | 8,125,432 | 6,514,291 | 1,611,141 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 18,717,203 |
- Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements				1	251,782,916
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				2e	
a	Net unrealized gains on investments	2a	2,578,025			
b	Donated services and use of facilities	2b	13,805,346			
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII)	2d	-456,980			
e	Add lines 2a through 2d				2e	15,926,391
3	Subtract line 2e from line 1				3	235,856,525
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,809			
b	Other (Describe in Part XIII)	4b	-88,057			
c	Add lines 4a and 4b					
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	235,857,277

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements				1	243,210,983
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				2e	
a	Donated services and use of facilities	2a	13,805,346			
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII)	2d				
e	Add lines 2a through 2d				2e	13,805,346
3	Subtract line 2e from line 1				3	229,405,637
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,809			
b	Other (Describe in Part XIII)	4b	-88,057			
c	Add lines 4a and 4b					
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	229,406,389

Part XIII Supplemental Information

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.

Return Reference	Explanation
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.
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, 2014, 2013 AND 2012.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE SPLIT INTEREST CGA -121,160. CHANGE IN ACCRUED BENEFIT LIABILITY -335,820.
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B -88,057.
PART XII, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B -88,057.

[illegible]

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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	32	1,567			182,640,607
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	32	1,567			182,640,607

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 ▶

31

3

Enter total number of other organizations or entities ▶

0

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information 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

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
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	170	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	14,417,273
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENT		4,155,734
EAST ASIA AND THE PACIFIC	5	265	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	33,489,987

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	30	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	7,202,666
RUSSIA AND NEIGHBORING STATES	1	16	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	1,355,442
SOUTH AMERICA	3	132	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	22,913,522

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	214	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	16,268,723
SUB-SAHARAN AFRICA	14	740	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	82,837,260

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 CHILDHOOD EDUCATION, MED, NUTRITION	1,018,960	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	6,269,739	WIRE TRANSFER	3,014	HOUSEHOLD GOODS	DISCOUNTED FMV
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	3,600,251	WIRE TRANSFER	9,286	MEDICAL SUPPLIES	DISCOUNTED FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	9,390,848	WIRE TRANSFER	517,869	FOOD	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 CHILDHOOD EDUCATION, MED, NUTRITION	5,188,229	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	8,211,566	WIRE TRANSFER	143,102	EDUCATIONAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	2,859,432	WIRE TRANSFER	549,454	SHOES	FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	1,035,410	WIRE TRANSFER	640,980	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 CHILDHOOD EDUCATION, MED, NUTRITION	702,319	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	5,870	WIRE TRANSFER			
		NORTH AMERICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	5,645,138	WIRE TRANSFER			
		RUSSIA AND NEIGHBORING STATES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	535,333	WIRE TRANSFER	787,606	SHOES	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 AMERICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	10,564,058	WIRE TRANSFER			
		SOUTH AMERICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	4,233,156	WIRE TRANSFER			
		SOUTH AMERICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	4,460,587	WIRE TRANSFER			
		SOUTH ASIA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	4,363,744	WIRE TRANSFER	76,813	HOUSEHOLD GOODS	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	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	9,531,755	WIRE TRANSFER			
		SOUTH ASIA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	471,921	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	2,950,957	WIRE TRANSFER	810,000	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	7,827,363	WIRE TRANSFER	712,910	SHOES, HOUSEHOLD GOODS	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	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	8,289,763	WIRE TRANSFER	189,216	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	13,079,241	WIRE TRANSFER	1,754,374	FOOD	FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	13,849,405	WIRE TRANSFER	3,255,876	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	7,860,484	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	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	141,396	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	70,417	WIRE TRANSFER		SHOES, HOUSEHOLD GOODS	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	4,274,863	WIRE TRANSFER	3,163,506	HOUSEHOLD GOODS	FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	1,357,054	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	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	2,553,535	WIRE TRANSFER	63,821	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	569,026	WIRE TRANSFER	1,016,764	SHOES, HOUSEHOLD GOODS	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	124,712	WIRE TRANSFER			

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.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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.
Form 990-EZ filers are not required to complete this part.

1

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

a

☒

Mail solicitations

b

☒

Internet and email solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	PHONE		No	5,271,620	95,489	5,176,131
2 ISANDBOX 10120 WEST BROAD STREET SUITE G GLEN ALLEN, VA 23059	DIRECT MAIL		No	5,205,589	130,800	5,074,789
3 APPCO GROUP 40 RECTOR STREET SUITE 1504 NEW YORK, NY 10006	IN PERSON		No	2,033,477	2,200,525	-167,048
4 FUNDRAISING INITIATIVES INC 489 QUEEN STREET E SUITE 301 TORONTO, ONTARIO CA M5A 1V1	IN PERSON		No	1,487,856	884,270	603,586
5 PUBLIC OUTREACH FUNDRAISING LLC 1511 3RD AVENUE SUITE 788 SEATTLE, WA 98101	IN PERSON		No	1,448,721	863,843	584,878
6 CMS 1900 CAMPUS COMMONS DRIVE SUITE 450 RESTON, VA 20191	DIRECT MAIL		No	56,359	380,078	-323,719
7 TNI THE NETWORK INC 4422 1ST STREET PEACHLAND, BC CA V0H 1X7	IN PERSON		No	25,305	100,806	-75,501
8						
9						
10						
Total				15,528,927	4,655,811	10,873,116

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

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	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
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 Subtract line 10 from line 3, column (d) ▶			

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, 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.** 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).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDFUND INTERNATIONAL USA

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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
See Additional Data Table							

2

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

11

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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
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

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 VALLEY 811 BOWIE ST ALAMA,TX 78516	91-2074499	501(C)(3)	434,500				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 DELAWARE COUNTY PO BOX 1260 JAY,OK 74346	73-1214669	501(C)(3)	56,777				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 MISSISSIPPI PO BOX 825 BATESVILLE, MS 38606	64-0896230	501(C)(3)	20,232				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 COUNTY 111 NORTH ELM ST SALLISAW,OK 74955	73-1128670	501(C)(3)	91,486				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
BRICKFIRE PROJECT 143 WESTSIDE DR STARKSVILLE, MS 39759	64-0712270	501(C)(3)	94,921				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
NEIGHBORS BUILDING NEIGHBORHOODS (KID CONNECTION) 207 N SECOND ST MUSKOGEE,OK 74401	73-1600003	501(C)(3)	62,188				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
NORTH DELTA YOUTH DEVELOPMENT CENTER PO BOX 326 LAMBERT, MS 38643	64-0849178	501(C)(3)	56,727				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 PO BOX 11223 JACKSON,MS 392831223	64-0471554	501(C)(3)	146,966				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
OYATE NETWORKING MISSION OFFICE PO BOX 755 MISSION,SD 57555	46-0438929	501(C)(3)	184,638				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 & FAMILY PO BOX 339 DUNSEITH, ND 583290339	45-0422420	501(C)(3)	12,885				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
WE CARE COMMUNITY SERVICES PO BOX 767 VICKSBURG, MS 391810767	51-0188737	501(C)(3)	39,599				EDUCATION/HEALTH AND SANITATION/ECD

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 appropriate 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 ☒ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☒ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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.	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	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 ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued 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.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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)	302,312 0	5,400 0	0 0	32,625 0	18,581 0	358,918 0	0 0
(2) JAMES TUI TE VICE PRESIDENT, CFO	(i) (ii)	204,320 0	0 0	0 0	19,100 0	22,753 0	246,173 0	0 0
(3) ISAM GHANIM EXECUTIVE VICE PRESIDENT	(i) (ii)	212,762 0	9,793 0	89,400 0	15,551 0	29,146 0	356,652 0	0 0
(4) STEVEN STIRLING EXECUTIVE VICE PRESIDENT	(i) (ii)	205,346 0	0 0	0 0	28,088 0	21,666 0	255,100 0	0 0
(5) JUMBE SUBUNYA REGIONAL DIRECTOR	(i) (ii)	106,504 0	0 0	109,007 0	8,157 0	32,953 0	256,621 0	0 0
(6) GEOFFREY PETKOVICH REGIONAL DIRECTOR	(i) (ii)	165,392 0	0 0	29,383 0	7,157 0	11,128 0	213,060 0	0 0
(7) CHERI DAHL VICE PRESIDENT	(i) (ii)	186,408 0	0 0	0 0	17,039 0	20,198 0	223,645 0	0 0
(8) SCOTT LEMLER VICE PRESIDENT	(i) (ii)	172,580 0	0 0	0 0	15,093 0	16,549 0	204,222 0	0 0
(9) TEREZA BYRNE VICE PRESIDENT	(i) (ii)	183,362 0	0 0	0 0	16,784 0	14,953 0	215,099 0	0 0

Part III Supplemental Information

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.

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.
PART I, LINE 3	CHILDFUND PROVIDED EXTERNAL MARKET FOR COMPENSATION BENCHMARKS TO THE BOARD OF COMPENSATION COMMITTEE FOR REVIEW FOR THE CEO. THE COMMITTEE IS INDEPENDENT AND THEIR DECISIONS ARE DOCUMENTED IN BOARD MINUTES.

Additional Data

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 PRESIDENT	(i) (ii)	302,312 0	5,400 0	0 0	32,625 0	18,581 0	358,918 0	0 0
JAMES TUITE VICE PRESIDENT, CFO	(i) (ii)	204,320 0	0 0	0 0	19,100 0	22,753 0	246,173 0	0 0
ISAM GHANIM EXECUTIVE VICE PRESIDENT	(i) (ii)	212,762 0	9,793 0	89,400 0	15,551 0	29,146 0	356,652 0	0 0
STEVEN STIRLING EXECUTIVE VICE PRESIDENT	(i) (ii)	205,346 0	0 0	0 0	28,088 0	21,666 0	255,100 0	0 0
JUMBE SUBUNYA REGIONAL DIRECTOR	(i) (ii)	106,504 0	0 0	109,007 0	8,157 0	32,953 0	256,621 0	0 0
GEOFFREY PETKOVICH REGIONAL DIRECTOR	(i) (ii)	165,392 0	0 0	29,383 0	7,157 0	11,128 0	213,060 0	0 0
CHERI DAHL VICE PRESIDENT	(i) (ii)	186,408 0	0 0	0 0	17,039 0	20,198 0	223,645 0	0 0
SCOTT LEMLER VICE PRESIDENT	(i) (ii)	172,580 0	0 0	0 0	15,093 0	16,549 0	204,222 0	0 0
TEREZA BYRNE VICE PRESIDENT	(i) (ii)	183,362 0	0 0	0 0	16,784 0	14,953 0	215,099 0	0 0

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.

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	X		2,779,907	DISCOUNTED FMV
5 Clothing and household goods	X		16,925,176	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				
20 Drugs and medical supplies	X	4	1,018,801	DISCOUNTED FMV
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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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

Yes

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51227J

Schedule M (Form 990) (2013)

Part II

Supplemental Information.

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.

Return Reference	Explanation
PART I, COLUMN (B)	LINE 20 - TOTAL OF 4 SHIPMENTS THAT CONSISTED OF GENERAL MEDICAL SUPPLIES TO OUTFIT A CLINIC (I E GLOVES, BANDAGES, SCRUB BRUSHES AND SKIN PREP KITS, ETC) AND 45 HOSPITAL BEDS

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization CHILDFUND INTERNATIONAL USA	Employer identification number 54-0536100
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
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 FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D) ANNUAL REPORTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE
FORM 990, PART XI, LINE 9	CHANGE IN ACCRUED BENEFIT LIABILITY -335,820 CHANGE IN VALUE SPLIT INTEREST CGA -121,160
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