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					<u> بر بر</u>		2939		801510 0
	ı		romnt Organ	ization	Rus	siness Income	Tay Potu		
Form 99	0-T					der section 6033		''' -	OMB No 1545-0687
17.		For calendar year 2018 or other tax year beginning $07/01$, 2018, and ending $06/30$, 20						2019	୭ ⋒ 18
Department of th			► Go to www.irs.g	ov/Form990	T for i	nstructions and the lates	t information.		On to Bubb land to form
Internal Revenue		▶ Do				ay be made public if your org		, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Open to Public Inspection for 501(c)(3) Organizations Only
	k box if ess changed		Name of organization (Check be	ox it nai	me changed and see instructio	ns)		oyer identification number yees' trust, see instructions)
B Exempt unde	er section		INTERNATION	AL USA					
X 501(C	D3)	Print	Number, street, and roo	om or suite no	faPO	box, see instructions		54-05	536100
408(e)	220(e)	or Type							ated business activity code structions)
408A	530(a)		2821 EMERYWO				- .		Article y
529(a) C Book value o	of all seconds		City or town, state or p RICHMOND, VA		-	ZIP or foreign postal code		£ 52599	90 900099
at end of year		F Gro	up exemption number					1	70
127,73	7,717.		ck organization type				c) trust	401(a)	trust Other trust
H Enter the	number of		nızatıon's unrelated tra				Describe	e the only	(or first) unrelated
trade or be	usiness her	e ► <u>A'</u>	TCH 1			If only one	, complete Parts I	-V If more	e than one, describe the
_	-			sentence, cor	nplete	Parts I and II, complete a	Schedule M for ea	ch additior	ıal
			ete Parts III-V			roup or a parent-subsidiary	controlled group?		▶ Yes X No
-	-		identifying number of	-	_		controlled group?		P res No
			MES TUITE	trio paroni co	porda	Telepho	ne number > 80	4-756-	2700
Part I Ur	nrelated	Trade o	or Business Incor	ne		(A) Income	(B) Exper	ises	(C) Net
1a Gross	receipts or s	sales		_				4	
	irns and allowa			c Balance ▶					
	•	•	ule A, line 7) 2 from line 1c		3				
	-		ttach Schedule D)		4a		-		
			Part II, line 17) (attach F		4b	_			
c Capital	l loss dedu	ction for t	rusts		4c				-
			r an S corporation (attach state		5				·
	•	•			6				
			come (Schedule E) . ents from a controlled organiza		8				
•			1(c)(7), (9), or (17) organizat	•					
			ncome (Schedule I) .		10				
	•	•	lule J)		11				
			tions, attach schedule)		12				
			ough 12			ons for limitations on	deductions \ (Evcent f	or contributions
						related business inc		LXCGPt	or contributions,
14 Compe	ensation of	officers.	directors, and trustees	(Schedule K)				14_	
15 Salarie	s and wage	s			F	ECEIVED.			
16 Repairs	s and main	tenance					4		
17 Bad de	ebts	hodul-Y		8		ÀPR 0.6 2020 16			
19 Taxes a	and licenses	s		1	1			18	
◯20 Charita	able contrib	outions (S	See instructions for lim	itation rules)		GDEN, UT.]	` '	
21 Depred	ciation (atta	ch Form	4562)	L		21	-		
_	•		on Schedule A and el			· · · · · · · · · · · · · · · · · · ·	,		<u> </u>
									-
-									
—≱o Empio) —26 Excess									
المارية Excess									
38 Other									
1/2								29	
						deduction Subtract line			
		•	• • •	_	•	or after January 1, 2018 (se			<u> </u>
			e income Subtract lin-		30.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	32	Form 990-T (2018)

Form	990-T (2018)				Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	, $\mathcal J$ otal of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions) ,	33			
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38			0.
Pai	t IV Tax Computation	- -			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	<u> </u>		
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	- -			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)				
41	Proxy tax. See instructions		-		
42	Alternative minimum tax (trusts only).				
43	Tax on Noncompliant Facility Income. See instructions				
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
		T			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	┥ ╿			
	General business credit Attach Form 3800 (see instructions)	-			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	†			
	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44				
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				
48	Total tax. Add lines 46 and 47 (see instructions)				0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (kt), line 2				
50 a	Payments A 2017 overpayment credited to 2018				
b	2018 estimated tax payments] !			
С	2018 estimated tax payments				
	Foreign organizations Tax paid or withheld at source (see instructions)]	İ		
е	Backup withholding (see instructions)]	İ		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		İ		
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 50g			_	7.5.4
	Total payments. Add lines 50a through 50g	51		٥,	154.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52 53			
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	_		5	154.
54 2 5 5	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid				
Par					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		authority	Yes	No
-	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m			\vdash	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the				
	here ▶SEE FOOTNOTE	-	_	X	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trus	it?		Х
	If "Yes," see instructions for other forms the organization may have to file	•			
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of r	ny knowledge	and bel	ief, it is
Sig	1 N 2/17/2012 M	ay the	IRS discuss	this	retum
Her	e JAMES TUITE VP FINANCE & CFO WI	th the	preparer si	now <u>n l</u>	
		e instruct		es	No
Paid	Print/Type prepare's name Prepare's synature Date Chec	к L і	f PTIN	0	
	MARC BERGER SEII-	employed			
	Only Firm's name BDO USA, LLE Firm's name		13-538		
	Firm's address ► 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102 Phon	eno /	03-893-	0000	

Form 990-T (2018)

Part I, line 7, column (A)

Total dividends-received deductions included in column 8

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Form 990-T (2018)				ONAL USA						536100	Page 4
Schedule F-Interest, Annu	uities, Royaltie:	s, and R	ents Fr	om Contro	lled Or	ganiz	ations (se	e instructio	ns)		
و 1 Name of controlled organization	2 Employer identification numb	per 3	3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made			fied include	5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5		
(1)		-									
(2)											
(3)						_					
(4)					<u> </u>					<u>L</u>	
Nonexempt Controlled Organi	zations	-				- 40	5.4.7	. 0 11 - 1		4.5.4.4	1 41
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10		
(1)							_				_
(2)											
(3)						-					
(4)							dd columns 5	and 10	•	dd columns 6 a	
						En	ter here and or ort 1, line 8, coli	page 1,	Ent	ter here and on art I, line 8, colu	page 1,
Totals		<u></u>	<u></u>		▶						
Schedule G-Investment Ir	come of a Sec	ction 50	1(c)(7)			nizati	on (see ins	tructions)			
1. Description of income	2. Amount of income			3 Deductions directly connected (attach schedule)				4 Set-asides (attach schedule)			uctions is (col 3 4)
(1)		·									
(2)									_		
(3)						•			_		
(4)	<u> </u>							•	_	F.4	4
	Enter here and on page 1, Part I, line 9, column (A)								Enter here and on page 1 Part I, line 9, column (B)		
Totals					 .						
Schedule I-Exploited Exe	empt Activity In	come, C	ther T	han Advert	ising Ir	come	(see instri	uctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire connect product unrel business	ctly led with tion of lated	from unrelated or business 2 minus coll if a gain, coll if a g	2 minus column 3) If a gain, compute		ross income activity that ot unrelated ness income	6 Expen attributati column	ole to	7. Excess exper (column 5 column 5 more colum	ises 6 minus , but not than
(1)				+							
(2)											
(3)							•				
(4)											
Tatala	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,							Enter he on pag Part II, ii	je 1,
Totals	ICOME (see instr	uctions)									
Part I Income From Per			Conso	lidated Bas	sis.						
		ou on u	0000							T	
1. Name of periodical	2 Gross advertising income .	3. Di advertisii		4 Adverting gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		Circulation income	6 Reader costs	•	7 Excess r costs (co minus colu not mor colum	olumn 6 mn 5, but e than
(1)											1
(2)											
(3)											1
(4)				<u> </u>]
Totals (carry to Part II, line (5))										Form 990	T (0040)

(4)

Total. Enter here and on page 1, Part II, line 14.

54-0536100 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns

2 through 7 on a	line-by-line bası	s)	(, , ,	p		,
1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see inst	ructions)		
1. Name		2 Title		3 Percent of time devoted to business		on attributable to business
(1)				%		
(2)				%	_	
\(\frac{1}{2}\)						

Form **990-T** (2018)

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ATTA	CHME	NT 1	

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

CHILDFUND INTERNATIONAL INVESTS IN PARTNERSHIPS WHICH GENERATE UNRELATED BUSINESS INCOME.

FEDERAL FOOTNOTES

FORM 990-T, PART V, LINE 56: BOLIVIA, BRAZIL, SRI LANKA, ECUADOR, ETHIOPIA, THE GAMBIA, GUATEMALA, GUINEA, HONDURAS, INDONESIA, INDIA, KENYA, MEXICO, MOZAMBIQUE, PANAMA, PHILIPPINES, SENEGAL, SIERRA LEONE, THAILAND, UGANDA, ZAMBIA.