

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.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

**A** For the **2018** calendar year, or tax year beginning **07/01, 2018**, and ending **06/30, 2019**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CHILD FUND INTERNATIONAL USA			<b>D</b> Employer identification number 54-0536100	
	Doing Business As			<b>E</b> Telephone number (804) 756-2700	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	2821 EMERYWOOD PARKWAY				
City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 23294-3726			<b>G</b> Gross receipts \$ 207,338,056.		
<b>F</b> Name and address of principal officer: JAMES TUIITE 2821 EMERYWOOD PARKWAY, RICHMOND, VA 23294-3726			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>J</b> Website: WWW.CHILDFUND.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1938 <b>M</b> State of legal domicile: VA		

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3 21.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4 21.
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 211.
	<b>6</b> Total number of volunteers (estimate if necessary)	6 2.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 196,735,361. Current Year 189,673,191.
	<b>9</b> Program service revenue (Part VIII, line 2g)	944,493. 875,792.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,384,943. 4,591,685.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	572,594. 878,315.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,637,391. 196,018,983.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		33,482,232. 32,927,225.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		5,485,716. 14,083,226.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,661,312.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		30,601,505. 26,953,593.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		203,837,342. 192,070,927.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,199,951. 3,948,056.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 127,110,485. End of Year 127,737,717.
	<b>21</b> Total liabilities (Part X, line 26)	28,575,845. 28,243,588.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	98,534,640. 99,494,129.

## 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.

<b>Sign Here</b>	Signature of officer	Date			
	JAMES TUIITE Type or print name and title	VP FINANCE & CFO			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARC BERGER	Preparer's signature 	Date 3/10/2020	Check <input type="checkbox"/> if self-employed	PTIN P01871563
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102	Phone no. 703-893-0600			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

[ ] Yes [X] No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 55,543,681. including grants of \$ 45,424,435. ) (Revenue \$ 336,833. )

BASIC EDUCATION: CHILDFUND'S SUPPORT FOR FORMAL EDUCATION IS GUIDED BY THE UNDERSTANDING THAT CHILDREN NEED A QUALITY EDUCATION, WHICH IS AGE APPROPRIATE, RELEVANT, CHILD-CENTERED, AND INCLUSIVE. CHILDFUND'S EDUCATIONAL PROGRAMS WORK WITH EDUCATORS, COMMUNITY GROUPS, PARENTS AND CHILDREN ALIKE TOWARDS THE GOAL OF HAVING ALL CHILDREN ENTER SCHOOL 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 \$ 29,908,882. including grants of \$ 24,459,921. ) (Revenue \$ 181,376. )

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 \$ 21,156,165. including grants of \$ 17,301,822. ) (Revenue \$ 128,297. )

MICRO-ENABLED DEVELOPMENT: CHILDFUND EQUIPS CAREGIVERS AND YOUTH TO SUCCESSFULLY SUPPORT THEMSELVES AND THEIR FAMILY. OUR SUPPORT FOR ECONOMIC STRENGTHENING LINKS PARENTS AND CAREGIVERS TO AVAILABLE SERVICES THAT SUPPORT LIVELIHOODS SECURITY AND FINANCIAL LITERACY SO THAT THEY CAN CONSISTENTLY MEET THEIR BASIC NEEDS TO ENSURE ACCESS TO HEALTH AND LEARNING AND STRENGTHEN PROTECTIVE ENVIRONMENTS FOR CHILDREN. AS ADOLESCENTS AND YOUTH PREPARE TO SUPPORT THEMSELVES, CHILDFUND'S APPROACH IS TO SUPPORT YOUTH LIVELIHOOD DEVELOPMENT WITH A FOCUS ON SKILLS TRAINING (INCLUDING LIFE SKILLS), PREPARATION FOR EMPLOYMENT, AND GUIDANCE ON BUSINESS DEVELOPMENT, LEADERSHIP DEVELOPMENT AND CIVIC ENGAGEMENT.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 37,808,943. including grants of \$ 30,920,705. ) (Revenue \$ 229,286. )

4e Total program service expenses 144,417,671.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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. [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b covering local chapters, conflict of interest, compensation, whistleblower, and investment policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, address, and telephone number of the person who possesses the organization's books and records

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (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) NANCY HILL DIRECTOR	2.00 0.	X					0.	0.	0.	
(2) JOHN ADAMS VICE CHAIR	2.00 0.	X					0.	0.	0.	
(3) AYESHA KHANNA SECRETARY	2.00 0.	X					0.	0.	0.	
(4) SALLY G. GREEN CHAIR, AUDIT & FINANCE	2.00 0.	X					0.	0.	0.	
(5) TAMAR MANUELYAN ATINC DIRECTOR	2.00 0.	X					0.	0.	0.	
(6) JANE D. BROWN DIRECTOR	2.00 0.	X					0.	0.	0.	
(7) THOMAS C. DELINE DIRECTOR	2.00 0.	X					0.	0.	0.	
(8) PAM EL DIRECTOR	2.00 0.	X					0.	0.	0.	
(9) SHAILENDRA GHORPADE DIRECTOR	2.00 0.	X					0.	0.	0.	
(10) ED GRIER CHAIRMAN	2.00 0.	X					0.	0.	0.	
(11) JILL E. KORBIN DIRECTOR	2.00 0.	X					0.	0.	0.	
(12) CASSIE LANDERS DIRECTOR	2.00 0.	X					0.	0.	0.	
(13) ENRIQUE MAYOR-MORA DIRECTOR	2.00 0.	X					0.	0.	0.	
(14) DAPHNE MAXWELL REID DIRECTOR	2.00 0.	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			
( 15) LYN MCDERMID ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 16) WHEAT MCDOWELL ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 17) GEREMIE SAWADOGO ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 18) DANIEL SILVA ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 19) ED WALKER ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 20) AARON WILLIAMS ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 21) HELEN THOMPSON ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
( 22) ANNE GODDARD ----- PRESIDENT	40.00 ----- 0.			X				375,000.	0.	56,897.
( 23) JAMES TUIITE ----- VICE PRESIDENT/CFO	40.00 ----- 0.			X				240,681.	0.	44,430.
( 24) CHERI SPENCE ----- CIO & VP, INFO TECHNOLOGY	40.00 ----- 0.					X		202,571.	0.	36,925.
( 25) CHERYL DAHL, VP ----- VICE PRESIDENT	40.00 ----- 0.					X		216,823.	0.	42,411.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								1,786,675.	0.	277,486.
<b>d Total (add lines 1b and 1c)</b> . . . . .								1,786,675.	0.	277,486.

**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 ► 55

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X

**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
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 35



**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			
( 26 ) SCOTT SHERMAN, VP ----- VICE PRESIDENT	40.00 ----- 0.					X		204,964.	0.	43,359.
( 27 ) ADAM HICKS ----- CHIEF DVLPMT & MKTG OFFICER	40.00 ----- 0.					X		232,659.	0.	41,593.
( 28 ) PAUL BODE ----- VP GLOBAL OPERATIONS	40.00 ----- 0.					X		313,977.	0.	11,871.
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<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 55

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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> . . . . .	X	
<b>5</b> 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> . . . . .		X

**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

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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	3,415,623.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	186,257,568.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		15,090,447.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			189,673,191.				
	<b>Program Service Revenue</b>	<b>2a</b> CHILDFUND ALLIANCE MAINTENANCE	<b>Business Code</b>	900099	875,792.	875,792.		
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				875,792.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			2,541,321.			2,541,321.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	511,637.					
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .		238,543.				
	<b>c</b> Rental income or (loss) . . . . .		273,094.					
	<b>d</b> Net rental income or (loss) . . . . .			273,094.			273,094.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	13,047,832.	83,062.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		11,080,530.				
		<b>c</b> Gain or (loss) . . . . .		1,967,302.	83,062.			
	<b>d</b> Net gain or (loss) . . . . .			2,050,364.			2,050,364.	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		0.				
		<b>b</b> Less: direct expenses . . . . .		0.				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0.					
	<b>b</b> Less: direct expenses . . . . .		0.					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0.					
	<b>b</b> Less: cost of goods sold . . . . .		0.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>	<b>11a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	605,221.			605,221.	
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue . . . . .							
	<b>e Total.</b> Add lines 11a-11d . . . . .			605,221.				
<b>12 Total revenue.</b> See instructions. . . . .			196,018,983.	875,792.		5,470,000.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,325,237.	1,325,237.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	116,781,646.	116,781,646.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	717,009.		717,009.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	23,207,612.	12,116,836.	7,133,673.	3,957,103.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,100,713.	1,090,264.	704,838.	305,611.
9 Other employee benefits . . . . .	5,034,333.	3,321,239.	1,167,011.	546,083.
10 Payroll taxes . . . . .	1,867,558.	1,075,818.	532,272.	259,468.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	190,347.	150,978.	34,086.	5,283.
c Accounting . . . . .	453,004.	107,303.	243,064.	102,637.
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	14,083,226.			14,083,226.
f Investment management fees . . . . .	99,386.		99,386.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	7,520,075.	1,031,012.	2,785,314.	3,703,749.
12 Advertising and promotion . . . . .	2,783,453.	62,789.	243,124.	2,477,540.
13 Office expenses . . . . .	2,104,894.	330,087.	882,762.	892,045.
14 Information technology . . . . .	1,908,306.	406,867.	1,414,525.	86,914.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,997,374.	1,219,659.	522,141.	255,574.
17 Travel . . . . .	2,135,412.	1,401,977.	286,928.	446,507.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	862,553.	711,380.	97,237.	53,936.
20 Interest . . . . .	291,537.	203,276.	88,261.	
21 Payments to affiliates . . . . .	521,852.		521,852.	
22 Depreciation, depletion, and amortization . . . . .	3,704,090.	2,691,161.	906,778.	106,151.
23 Insurance . . . . .	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	2,381,310.	390,142.	1,611,683.	379,485.
b _____				
c _____				
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	192,070,927.	144,417,671.	19,991,944.	27,661,312.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	16,304,219.	<b>1</b>	13,835,167.
	<b>2</b> Savings and temporary cash investments . . . . .	596,901.	<b>2</b>	1,067,747.
	<b>3</b> Pledges and grants receivable, net . . . . .	1,348,668.	<b>3</b>	1,168,025.
	<b>4</b> Accounts receivable, net . . . . .	1,949,769.	<b>4</b>	1,936,903.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> 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 . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	3,207,282.	<b>8</b>	5,182,226.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	2,977,112.	<b>9</b>	3,367,356.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 60,077,517.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 29,125,025.		
		31,652,973.	<b>10c</b>	30,952,492.
	<b>11</b> Investments - publicly traded securities . . . . .	51,179,836.	<b>11</b>	53,670,796.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	8,358,203.	<b>12</b>	6,929,383.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	9,535,522.	<b>15</b>	9,627,622.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	127,110,485.	<b>16</b>	127,737,717.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,793,851.	<b>17</b>	10,325,967.
	<b>18</b> Grants payable . . . . .	6,563,197.	<b>18</b>	5,631,901.
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> 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 . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	8,395,834.	<b>24</b>	7,225,233.
	<b>25</b> 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 . . . . .	3,822,963.	<b>25</b>	5,060,487.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	28,575,845.	<b>26</b>	28,243,588.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	45,355,993.	<b>27</b>	44,439,275.
	<b>28</b> Temporarily restricted net assets . . . . .	35,809,855.	<b>28</b>	55,054,854.
	<b>29</b> Permanently restricted net assets . . . . .	17,368,792.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	98,534,640.	<b>33</b>	99,494,129.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	127,110,485.	<b>34</b>	127,737,717.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	196,018,983.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	192,070,927.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,948,056.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	98,534,640.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-464,878.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,523,689.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	99,494,129.

**Part XII Financial Statements and Reporting**

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

- 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
- 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
- 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.
- 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? . . . . .
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (96.81%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (96.02%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . . .			
b Excess from 2015 . . . . .			
c Excess from 2016 . . . . .			
d Excess from 2017 . . . . .			
e Excess from 2018 . . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	119,149.	150,131.	138,596.	302,556.	567,897.	1,278,329.
<b>TOTALS</b>	<u>119,149.</u>	<u>150,131.</u>	<u>138,596.</u>	<u>302,556.</u>	<u>567,897.</u>	<u>1,278,329.</u>

**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization CHILD FUND INTERNATIONAL USA	Employer identification number 54-0536100
--	--

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CHILDFUND INTERNATIONAL USA**

Employer identification number  
**54-0536100**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,990,241.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 4,211,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,824,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,656,606.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 7,723,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 9,888,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CHILDFUND INTERNATIONAL USA**

**Employer identification number**

54-0536100

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization **CHILDFUND INTERNATIONAL USA**

Employer identification number  
**54-0536100**

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CHILD FUND INTERNATIONAL USA	Employer identification number 54-0536100
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2018

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		5,650.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		5,650.													
<b>d</b> Other exempt purpose expenditures . . . . .		192,065,277.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		192,070,927.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th><b>If the amount on line 1e, column (a) or (b) is:</b></th> <th><b>The lobbying nontaxable amount is:</b></th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	26,689.	55,667.	27,687.	5,650.	115,693.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures		24.			24.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as requested in the instructions above.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2018

**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" on 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	15,589,958.	14,538,016.	12,903,681.	12,902,848.	13,711,497.
<b>b</b> Contributions . . . . .	582,925.	6,092.	180.	80,460.	48,576.
<b>c</b> Net investment earnings, gains, and losses . . . . .	959,645.	1,142,890.	1,676,025.	-24,612.	13,785.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	126,424.	81,982.	31,821.	32,490.	832,254.
<b>f</b> Administrative expenses . . . . .	12,598.	15,058.	10,049.	22,525.	38,756.
<b>g</b> End of year balance . . . . .	16,993,506.	15,589,958.	14,538,016.	12,903,681.	12,902,848.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 31.5500 %
  - b** Permanent endowment ▶ 53.5700 %
  - c** Temporarily restricted endowment ▶ 14.8800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| <b>(i)</b> unrelated organizations . . . . .  | X   |    |
| <b>(ii)</b> related organizations . . . . .   |     | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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" on 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
<b>1a</b> Land . . . . .		1,146,128.		1,146,128.
<b>b</b> Buildings . . . . .		17,014,153.	10,851,901.	6,162,252.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		31,540,439.	11,468,938.	20,071,501.
<b>e</b> Other . . . . .		10,376,797.	6,804,186.	3,572,611.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				30,952,492.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) REAL ESTATE INVESTMENT TRUST	427,155.	FMV
(B) FUNDS OF FUNDS	6,502,228.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,929,383.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	9,554,112.
(2) COIN COLLECTIONS	73,510.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	9,627,622.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED BENEFIT LIABILITY	5,060,487.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,060,487.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	216,083,928.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-464,878.	
b	Donated services and use of facilities . . . . .	<b>2b</b>	22,914,355.	
c	Recoveries of prior year grants . . . . .	<b>2c</b>		
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-2,523,689.	
e	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		19,925,788.
3	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>		196,158,140.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	99,386.	
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-238,543.	
c	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		-139,157.
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>		196,018,983.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	215,124,439.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	<b>2a</b>	22,914,355.	
b	Prior year adjustments . . . . .	<b>2b</b>		
c	Other losses . . . . .	<b>2c</b>		
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>		22,914,355.
3	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>		192,210,084.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	99,386.	
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-238,543.	
c	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>		-139,157.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>		192,070,927.

**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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, 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.

SCHEDULE D, PART X, LINE 2:

CHILDFUND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, CHILDFUND QUALIFIES FOR THE CHARITABLE CONTRIBUTIONS DEDUCTION AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE CHANGES IN NET ASSETS, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS TAKEN AS A WHOLE.

MANAGEMENT EVALUATED CHILDFUND'S TAX POSITIONS AND CONCLUDED THAT CHILDFUND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH U.S. GAAP. WITH FEW EXCEPTIONS, CHILDFUND IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL AUTHORITIES FOR YEARS BEFORE 2016.

**Part XIII** Supplemental Information *(continued)*

## SCHEDULE D, PART XI, LINE 2D:

CHANGE IN ACCRUED BENEFIT LIABILITY	\$(2,429,466)
CHANGE IN VALUE SPLIT INTEREST CGA	(94,223)
	-----
TOTAL TO PART XI, LINE 2D	(2,523,689)

## SCHEDULE D, PART XI, LINE 4B:

RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B	\$(238,543)
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## SCHEDULE D, PART XII, LINE 4B:

RENTAL EXPENSE INCLUDED ON PART VIII, LINE 6B	\$(238,543)
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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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" on 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 Activities 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
<b>(1)</b> SUB-SAHARAN AFRICA	12.	606.	PROGRAM SERVICES	SEE PART V	7,800,528.
<b>(2)</b> SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		58,518,517.
<b>(3)</b> SOUTH AMERICA	3.	87.	PROGRAM SERVICES	SEE PART V	2,989,594.
<b>(4)</b> SOUTH AMERICA	0.	0.	GRANTMAKING		12,593,801.
<b>(5)</b> CENTRAL AMERICA/CARIBBEAN	4.	65.	PROGRAM SERVICES	SEE PART V	2,562,229.
<b>(6)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		8,622,751.
<b>(7)</b> CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		4,849,457.
<b>(8)</b> NORTH AMERICA	1.	48.	PROGRAM SERVICES	SEE PART V	1,045,575.
<b>(9)</b> NORTH AMERICA	0.	0.	GRANTMAKING		4,068,425.
<b>(10)</b> SOUTH ASIA	2.	79.	PROGRAM SERVICES	SEE PART V	1,545,062.
<b>(11)</b> SOUTH ASIA	0.	0.	GRANTMAKING		11,014,952.
<b>(12)</b> EAST ASIA AND THE PACIFIC	7.	91.	PROGRAM SERVICES	SEE PART V	4,003,485.
<b>(13)</b> EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		22,445,683.
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	29.	976.			142,060,059.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)	29.	976.			142,060,059.

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

Schedule F (Form 990) 2018

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SEE PART V	2,623,198.	WIRE			
(2)			SUB-SAHARAN AFRICA	SEE PART V	5,362,805.	WIRE			
(3)			SUB-SAHARAN AFRICA	SEE PART V	7,729,306.	WIRE			
(4)			SUB-SAHARAN AFRICA	SEE PART V	9,739,953.	WIRE			
(5)			SUB-SAHARAN AFRICA	SEE PART V	6,756,978.	WIRE			
(6)			SUB-SAHARAN AFRICA	SEE PART V	5,806,700.	WIRE			
(7)			SUB-SAHARAN AFRICA	SEE PART V	36,694.	WIRE			
(8)			SUB-SAHARAN AFRICA	SEE PART V	2,965,576.	WIRE			
(9)			SUB-SAHARAN AFRICA	SEE PART V	3,304,670.	WIRE			
(10)			SUB-SAHARAN AFRICA	SEE PART V	1,468,233.	WIRE			
(11)			SUB-SAHARAN AFRICA	SEE PART V			3,367,761.	MED SUPPLIES	DISC. FMV
(12)			SUB-SAHARAN AFRICA	SEE PART V			1,451,580.	SHOES	DISC. FMV
(13)			SUB-SAHARAN AFRICA	SEE PART V			1,140,000.	SHOES	DISC. FMV
(14)			SUB-SAHARAN AFRICA	SEE PART V			1,433,797.	SHOES	DISC. FMV
(15)			SUB-SAHARAN AFRICA	SEE PART V			5,361,267.	MED SUPPLIES	DISC. FMV
(16)			SOUTH AMERICA	SEE PART V	6,443,028.				

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

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

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	SEE PART V	3,088,614.				
(2)			SOUTH AMERICA	SEE PART V	3,062,159.				
(3)			CENT. AMERICA/CARIBBEAN	SEE PART V	3,737,921.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	SEE PART V	4,131,175.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	SEE PART V	247,371.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	SEE PART V			459,671.	ADV/PUB	DISC. FMV
(7)			CENT. AMERICA/CARIBBEAN	SEE PART V			46,400.	ONE WLD FUTB	DISC. FMV
(8)			NORTH AMERICA	SEE PART V	4,008,536.	WIRE			
(9)			NORTH AMERICA	SEE PART V			59,889.	CLOTHING	DISC. FMV
(10)			SOUTH ASIA	SEE PART V	5,318,238.	WIRE			
(11)			SOUTH ASIA	SEE PART V	4,189,533.	WIRE			
(12)			SOUTH ASIA	SEE PART V	1,507,183.	WIRE			
(13)			EAST ASIA/PACIFIC	SEE PART V	9,171,393.	WIRE			
(14)			EAST ASIA/PACIFIC	SEE PART V	4,691,945.	WIRE			
(15)			EAST ASIA/PACIFIC	SEE PART V	4,167,294.	WIRE			
(16)			EAST ASIA/PACIFIC	SEE PART V	1,060,743.	WIRE			

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

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

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SEE PART V	798,708.	WIRE			
(2)			EAST ASIA/PACIFIC	SEE PART V	651,668.	WIRE			
(3)			EAST ASIA/PACIFIC	SEE PART V	1,827,121.	WIRE			
(4)			EAST ASIA/PACIFIC	SEE PART V			76,810.	CLOTHING	DISC. FMV
(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 ..... ▶ 36.

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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 separately 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; don't file with Form 990)* . . . . .  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  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).

SCHEDULE F, PART I, LINE 2:

ALTHOUGH CHILD FUND 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 CHILD FUND'S TAX-EXEMPT PURPOSE. EACH COMMUNITY ORGANIZATION IS CHOSEN FOR PARTNERSHIP BASED ON ITS INTEGRITY AND ABILITY TO CARRY OUT CHILD FUND'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, CHILD FUND 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 ORGANIZATIONS 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. CHILD FUND ALSO OPERATES AS A PASS THROUGH ENTITY FOR CERTAIN U.S. GOVERNMENT GRANT FUNDED PROJECTS WHERE SPECIFIC NEEDS HAVE BEEN IDENTIFIED. CHILD FUND SUBMITS DETAILED BUDGETS

**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).

FOR APPROVAL TO THE RESPECTIVE AGENCIES PRIOR TO THE START OF A GRANT IN ORDER TO ENSURE THAT GRANT EXPENDITURES ARE ACCOUNTED FOR PROPERLY. CHILD FUND 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 1-122.7. PROFESSIONAL AUDITS ARE CONDUCTED ANNUALLY FOR ALL GRANT RELATED ACTIVITIES.

SCHEDULE F, PART I, LINE 3

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS.

SCHEDULE F, PART I, LINE 3, COLUMN E:

REGION: SUB-SAHARAN AFRICA

(E) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SOUTH AMERICA

(E) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: CENTRAL AMERICA/CARIBBEAN

(E) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

**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).

---

REGION: NORTH AMERICA

(E) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY

CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SOUTH ASIA

(E) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY

CHILDHOOD EDUCATION, MED, NUTRITION

REGION: EAST ASIA & THE PACIFIC

(E) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY

CHILDHOOD EDUCATION, MED, NUTRITION

SCHEDULE F, PART II, COLUMN D:

REGION: SUB-SAHARAN AFRICA

(D) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY

CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SOUTH AMERICA

(D) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY

CHILDHOOD EDUCATION, MED, NUTRITION

REGION: CENTRAL AMERICA/CARIBBEAN

(D) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY

CHILDHOOD EDUCATION, MED, NUTRITION

**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).

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REGION: NORTH AMERICA

(D) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY

CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SOUTH ASIA

(D) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY

CHILDHOOD EDUCATION, MED, NUTRITION

REGION: EAST ASIA & THE PACIFIC

(D) BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY

CHILDHOOD EDUCATION, MED, NUTRITION

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

Name of the organization: **CHILDFUND INTERNATIONAL USA** Employer identification number: **54-0536100**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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 10 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 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				25,413,137.	14,083,226.	11,329,911.

- 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, AR, CA, CO, CT, DC, FL, GA, HI, IL,  
 KS, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,  
 OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct 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: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation 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 provide any additional information (see instructions).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
THRIVING CHILDREN ADVOCATES (TCA-LIVE! ARTISTS) 7106 CROSSROADS BLVD SUITE 215 BRENTWOOD TN 37027	IN PERSON		X	11,340,375.	9,278,850.	2,061,525.
ISANDBOX  5310 MARKEL ROAD SUITE 116 RICHMOND VA 23230	DIRECT MAIL		X	5,122,611.	1,448,013.	3,674,598.
APPCO GROUP  315 WEST 36TH STREET 10TH FLOOR NEW YORK NY 10018	IN PERSON		X	4,851,166.	1,035,068.	3,816,098.
INFOCISION  325 SPRINGSIDE DRIVE AKRON OH 44333	PHONE		X	1,312,149.	18,999.	1,293,150.
DIALOGUEDIRECT  351 WEST 39TH STREET GROUND FLOOR NEW YORK NY 10018	IN PERSON		X	1,291,082.	1,296,601.	-5,519.

TNI THE NETWORK INC. 4422 1ST STREET PEACHLAND BRITISH COLUMBIA CA V0H 1X7	IN PERSON	X	1,194,898.	377,906.	816,992.
FACE TO FACE OUTREACH 18062 IRVINE BLVD SUITE 304 TUSTIN CA 92780	IN PERSON	X	141,322.	178,959.	-37,637.
BRITEVOX SPONSORSHIP 600 B STREET SUITE 300 SAN DIEGO CA 14850	IN PERSON	X	88,620.	324,814.	-236,194.
THRESHOLD GIVING SPONSORS 301 COMMERCE DRIVE MOORESTOWN NJ 08057	IN PERSON	X	62,301.	96,983.	-34,682.
THE OUTREACH TEAM 407 COLLEGE AVE SUITE 349 ITHACA NY 14850	IN PERSON	X	8,613.	27,033.	-18,420.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) OPERATION SHOESTRING P.O. BOX 11223 JACKSON, MS 39283	64-0471554	501(C)(3)	81,376.				SEE PART V
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2018)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART II, LINE 1, COLUMN (H):

PURPOSE OF GRANT OR ASSISTANCE: BASIC EDUCATION, HEALTH/SANITATION,  
EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION.

**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" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                     |   |                                     |   |
|-------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/>            | First-class or charter travel             | <input checked="" type="checkbox"/> | Housing allowance or residence for personal use   |
| <input checked="" type="checkbox"/> | Travel for companions                     | <input type="checkbox"/>            | Payments for business use of personal residence   |
| <input checked="" type="checkbox"/> | Tax indemnification and gross-up payments | <input type="checkbox"/>            | Health or social club dues or initiation fees     |
| <input type="checkbox"/>            | Discretionary spending account            | <input type="checkbox"/>            | Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**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.

- |                                     |                                     |                                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Compensation committee              | <input type="checkbox"/>            | Written employment contract                     |
| <input type="checkbox"/>            | Independent compensation consultant | <input checked="" type="checkbox"/> | Compensation survey or study                    |
| <input checked="" type="checkbox"/> | Form 990 of other organizations     | <input checked="" type="checkbox"/> | Approval by the board or compensation committee |

**4** During the year, did any person listed on 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?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - 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.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on 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.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANNE GODDARD PRESIDENT	(i)	375,000.	0.	0.	37,868.	19,029.	431,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JAMES TUIITE VICE PRESIDENT/CFO	(i)	240,681.	0.	0.	21,597.	22,833.	285,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CHERI SPENCE CIO & VP, INFO TECHNOLOGY	(i)	202,571.	0.	0.	18,545.	18,380.	239,496.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CHERYL DAHL, VP VICE PRESIDENT	(i)	216,823.	0.	0.	19,715.	22,696.	259,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SCOTT SHERMAN, VP VICE PRESIDENT	(i)	204,964.	0.	0.	18,470.	24,889.	248,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ADAM HICKS CHIEF DVLPMT & MKTG OFFICER	(i)	232,659.	0.	0.	18,532.	23,061.	274,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 PAUL BODE VP GLOBAL OPERATIONS	(i)	313,977.	0.	0.	0.	11,871.	325,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**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.

SCHEDULE J, PART 1, LINE 1A:

EXPATRIATE KEY EMPLOYEES MAY BE PROVIDED WITH A HOUSING ALLOWANCE, TAX INDEMNIFICATION, AND TRAVEL FOR COMPANIONS FOR HOME LEAVE ONLY. THESE BENEFITS ARE SPECIFIED IN INDIVIDUAL CONTRACTS AND INCLUDED IN TAXABLE COMPENSATION.

SCHEDULE J, PART 1, LINE 3:

CHILD FUND PROVIDED EXTERNAL MARKET FOR COMPENSATION BENCHMARKS TO THE BOARD OF THE COMPENSATION COMMITTEE FOR REVIEW FOR THE CEO. THE COMMITTEE IS INDEPENDENT AND THEIR DECISIONS ARE DOCUMENTED IN BOARD MINUTES.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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		183,312.	DISCOUNTED FMV
5 Clothing and household goods . . . . .	X		2,600,756.	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	7.	12,306,379.	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 . . . . . **29**

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't 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.

Schedule M (Form 990) 2018

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**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.

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**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILDFUND INTERNATIONAL USA

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

54-0536100

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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 10 MILLION INFANTS, CHILDREN, YOUTH AND PARENTS ANNUALLY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EARLY CHILDHOOD DEVELOPMENT: CHILDFUND IS COMMITTED TO EFFECTIVE PROGRAMS THAT PROMOTE CHILD DEVELOPMENT AND SECURE INFANTS AND YOUNG CHILDREN, EARLY CHILDHOOD DEVELOPMENT AND PROTECTION SERVICES INCLUDE PARENTING EDUCATION AND SUPPORT GROUPS HOME BASED OUTREACH TO SUPPORT AND PROMOTE CHILD DEVELOPMENT, AND PRESCHOOL SERVICES IN COMMUNITY MANAGED CENTERS. CHILDFUND ALSO COMBINES SPECIAL ACTIVITIES FOR CHILDREN, TRAINING FOR EARLY CHILDHOOD DEVELOPMENT AND FIRST GRADE TEACHERS, AS WELL AS, PARENTS TO IMPROVE A CHILD'S TRANSITION FROM EARLY CHILDHOOD CENTERS TO PRIMARY SCHOOL.

EXPENSES \$ 18,430,063. INCL GRANTS OF \$ 15,072,375. REVENUE \$ 111,765.

EMERGENCY RESPONSE: PROVIDE AID AND ASSISTANCE TO NUMEROUS VICTIMS OF DISASTER AND HUMANITARIAN CRISIS AROUND THE WORLD.

EXPENSES \$ 13,097,042. INCL GRANTS OF \$ 10,710,952. REVENUE \$ 79,424.

Name of the organization CHILDFUND INTERNATIONAL USA	Employer identification number 54-0536100
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NUTRITION: CHILDFUND INTERNATIONAL PROMOTES INTERVENTIONS THAT IMPACT YOUNG CHILDREN AND MOTHERS. THESE PRACTICAL MEASURES INCLUDE NUTRITION EDUCATION AND PROMOTION, MICRONUTRIENT SUPPLEMENTATION, PARASITE CONTROL MEASURES, AND SITUATION SPECIFIC HOUSEHOLD FOOD SECURITY INTERVENTIONS. EXPENSES \$ 6,281,836. INCLUDING GRANTS OF \$ 5,137,378. REVENUE \$ 38,095.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BOLIVIA, BRAZIL, SRI LANKA, ECUADOR, ETHIOPIA, THE GAMBIA, GUATEMALA, GUINEA, HONDURAS, INDONESIA, INDIA, KENYA, MEXICO, MOZAMBIQUE, PANAMA, PHILIPPINES, SENEGAL, SIERRA LEONE, THAILAND, UGANDA, ZAMBIA.

FORM 990, PART VI, SECTION A, LINE 2A:

ED WALKER, WHEAT MCDOWELL, TOM DELINE AND SALLY GREEN HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

NEW PROCESS FOR BOARD MEMBER CONFLICTS DISCLOSURE APPROVED BY RESOLUTION OF THE BOARD IS AS FOLLOWS:

BOARD MEMBERS ANNUALLY PROVIDE COMPLETED CONFLICT OF INTEREST DISCLOSURES AND ANY UPDATES TO THE GENERAL COUNSEL;

BOARD MEMBER DISCLOSURES ARE REVIEWED AND SUMMARIZED BY THE GENERAL COUNSEL AND A SUMMARY (INCLUDING POTENTIAL CONFLICTS) IS SHARED WITH THE CHAIR OF THE AUDIT COMMITTEE;

Name of the organization CHILD FUND INTERNATIONAL USA	Employer identification number 54-0536100
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THE FULL AUDIT COMMITTEE REVIEWS CONFLICTS DISCLOSURES IN EXECUTIVE SESSION; THE GENERAL COUNSEL ATTENDS THE DISCUSSION AND DOCUMENTS IN THE MINUTES A SUMMARY AND THE TYPES OF CONFLICTS DISCUSSED.

THE AUDIT CHAIR REPORTS TO THE FULL BOARD IN EXECUTIVE SESSION ON THE AUDIT COMMITTEE'S REVIEW AND ON ANY SPECIFIC CONFLICTS. THE FULL BOARD'S EXECUTIVE SESSION REVIEW OF CONFLICTS DISCLOSURES AND, WHERE APPLICABLE, THE PROCESS FOR RESOLVING ACTUAL OR PERCEIVED CONFLICTS IS NOTED IN THE MINUTES.  
MINUTES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY OUR CONTROLLER, CFO, AN INDEPENDENT TAX CONSULTANT, AND MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ANNUALLY PROVIDE COMPLETED CONFLICT OF INTEREST DISCLOSURES AND ANY UPDATES TO THE GENERAL COUNSEL;

BOARD MEMBER DISCLOSURES ARE REVIEWED AND SUMMARIZED BY THE GENERAL COUNSEL AND A SUMMARY (INCLUDING POTENTIAL CONFLICTS) IS SHARED WITH THE CHAIR OF THE AUDIT COMMITTEE;

THE FULL AUDIT COMMITTEE REVIEWS CONFLICTS DISCLOSURES IN EXECUTIVE

Name of the organization CHILDFUND INTERNATIONAL USA	Employer identification number 54-0536100
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SESSION; THE GENERAL COUNSEL ATTENDS THE DISCUSSION AND DOCUMENTS IN THE MINUTES A SUMMARY AND THE TYPES OF CONFLICTS DISCUSSED.

THE AUDIT CHAIR REPORTS TO THE FULL BOARD IN EXECUTIVE SESSION ON THE AUDIT COMMITTEE'S REVIEW AND ON ANY SPECIFIC CONFLICTS. THE FULL BOARD'S EXECUTIVE SESSION REVIEW OF CONFLICTS DISCLOSURES AND, WHERE APPLICABLE, THE PROCESS FOR RESOLVING ACTUAL OR PERCEIVED CONFLICTS IS NOTED IN THE MINUTES.

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 VII, SECTION A, LINE 1A:

ON A FULL TRANSPARENCY POSTURE, CHILDFUND HAS ELECTED TO INCLUDE ALL "OTHER COMPENSATION" IN COLUMN F, REGARDLESS OF AMOUNT.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN ACCRUED BENEFIT LIABILITY \$(2,429,466)

Name of the organization CHILDFUND INTERNATIONAL USA	Employer identification number 54-0536100
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CHANGE IN VALUE SPLIT INTEREST CGA (94,223)

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TOTAL TO FORM 990, PART XI, LINE 9 (2,523,689)

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.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA,

DC, FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

Name of the organization CHILD FUND INTERNATIONAL USA	Employer identification number 54-0536100
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ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THRIVING CHILDREN ADVOCATES 7106 CROSSROADS BLVD, STE 215 BRENTWOOD, TN 37027	CONSULTING	7,871,120.
ISANDBOX 5310 MARKEL ROAD, STE 116 RICHMOND, VA 23230	CONSULTING	1,832,556.
SOCIETY 98 QUEEN STREE EAST, SUITE 200 TORONTO ONTARIO CANADA M5C 1S6	MEDIA	1,296,325.
APPCO 315 WEST 36TH STREET, 10TH FLOOR NEW YORK, NY 10018	CONSULTING	1,212,726.
DIALOGUE DIRECT 351 WEST 39TH STREET, GROUND FLOOR NEW YORK, NY 10018	CONSULTING	1,051,381.