

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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	C Name of organization CHILDFUND INTERNATIONAL USA	D Employer identification number 54-0536100
	Doing Business As	E Telephone number (804) 756-2700
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2821 EMERYWOOD PKWY	G Gross receipts \$ 241,754,485.
	City or town, state or province, country, and ZIP or foreign postal code RICHMOND, VA 23294-3726	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No H(c) Group exemption number
F Name and address of principal officer: ANNE LYNAM GODDARD SAME AS C ABOVE		I 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
J Website: HTTP://WWW.CHILDFUND.ORG		L Year of formation: 1938 M State of legal domicile: VA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	261
	6 Total number of volunteers (estimate if necessary)	6	175
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-12,484.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-12,484.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 233,739,486.	Current Year 232,476,183.
	9 Program service revenue (Part VIII, line 2g)	1,462,460.	1,358,778.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,823,019.	1,696,311.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	527,787.	326,005.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	238,552,752.	235,857,277.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	158,324,358.	156,956,624.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,731,336.	36,057,049.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,483,405.	4,655,811.
	b Total fundraising expenses (Part IX, column (D), line 25) 22,305,658.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	39,758,016.	31,736,905.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	239,297,115.	229,406,389.	
19 Revenue less expenses. Subtract line 18 from line 12	-744,363.	6,450,888.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 106,151,696.	End of Year 117,101,446.
	21 Total liabilities (Part X, line 26)	24,183,085.	26,560,902.
	22 Net assets or fund balances. Subtract line 21 from line 20	81,968,611.	90,540,544.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JAMES TUIITE, VICE PRESIDENT FINANCE & CFO Type or print name and title				
Paid Preparer	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature <i>Yong Zhang</i>	Date 02/16/15	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name MCGLADREY LLP	Firm's EIN 42-0714325	Phone no. 703-336-6400		
Use Only	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102				

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

Part III Statement of Program Service Accomplishments

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

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

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 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 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 \$ 71,899,533. including grants of \$ 59,633,621.) (Revenue \$ 516,250.) BASIC EDUCATION: CHILDFUND'S EDUCATIONAL PROGRAMS WORK WITH EDUCATORS, COMMUNITY GROUPS, PARENTS, AND CHILDREN ALIKE TOWARDS THE GOAL OF HAVING ALL CHILDREN ENTER SCHOOLS READY TO LEARN AND COMPLETE BASIC EDUCATION THROUGH ACTIVITIES THAT INCLUDE IMPROVING EARLY CHILDHOOD & SCHOOL FACILITIES, ENHANCING TEACHING METHODOLOGIES, CREATING SAFER SCHOOL ENVIRONMENTS, AS WELL AS, IMPROVING POLICIES TO ENHANCE STUDENT ACCESS AND SAFETY.

4b (Code:) (Expenses \$ 36,640,508. including grants of \$ 30,389,713.) (Revenue \$ 263,085.) HEALTH & SANITATION: WHAT HAPPENS IN THE FIRST YEARS OF LIFE PROVIDES THE FOUNDATION UPON WHICH A CHILD GROWS AND DEVELOPS. CORE PROGRAMS ADDRESS SAFE MOTHERHOOD AND NEWBORN CARE, INTEGRATED EARLY CHILDHOOD DEVELOPMENT, INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES, NUTRITION, WATER AND SANITATION, CHILD, YOUTH AND ADULT FOCUSED SEXUAL AND REPRODUCTIVE HEALTH AND EDUCATION.

4c (Code:) (Expenses \$ 30,157,855. including grants of \$ 25,012,988.) (Revenue \$ 216,538.) EARLY CHILDHOOD DEVELOPMENT: CHILDFUND IS COMMITTED TO 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 50,542,799. including grants of \$ 41,920,302.) (Revenue \$ 362,905.)

4e Total program service expenses 189,240,695.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	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
8	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
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	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	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	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	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	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
19	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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and a final 'X' checkbox. Rows include questions about Form 1096, Form W-2G, employee reporting, 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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JAMES TUITE - 804-756-2700**
2821 EMERYWOOD PKWY, RICHMOND, VA 23294-3726

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A HUGH EWING III DIRECTOR	2.00	X						0.	0.	0.
(2) MARILYN GRIST DIRECTOR	2.00	X						0.	0.	0.
(3) SARAH HANSON DIRECTOR	2.00	X						0.	0.	0.
(4) BARBARA JOYNES DIRECTOR	2.00	X						0.	0.	0.
(5) DARRELL MARTIN DIRECTOR	2.00	X						0.	0.	0.
(6) THOMAS WEISNER DIRECTOR	2.00	X						0.	0.	0.
(7) BRIAN WILCOX DIRECTOR	2.00	X						0.	0.	0.
(8) NANCY HILL DIRECTOR	2.00	X						0.	0.	0.
(9) AUSTIN BROCKENBROUGH IV DIRECTOR	2.00	X						0.	0.	0.
(10) JOHN LEWIS DIRECTOR	2.00	X						0.	0.	0.
(11) JANE BROWN DIRECTOR	2.00	X						0.	0.	0.
(12) THOMAS DELINE DIRECTOR	2.00	X						0.	0.	0.
(13) ARIANA RODRIGUEZ HEFKE DIRECTOR	2.00	X						0.	0.	0.
(14) THOMAS SNEAD DIRECTOR	2.00	X						0.	0.	0.
(15) DANIEL SILVA-JAUREGUI DIRECTOR	2.00	X						0.	0.	0.
(16) ANNE WALESKI DIRECTOR	2.00	X						0.	0.	0.
(17) ELIZABETH FLANAGAN DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAUREEN DENLEA DIRECTOR	2.00	X						0.	0.	0.
(19) JESUS M AMADEO DIRECTOR	2.00	X						0.	0.	0.
(20) ROGER GREGORY DIRECTOR	2.00	X						0.	0.	0.
(21) ED GRIER DIRECTOR	2.00	X						0.	0.	0.
(22) ANNE GODDARD PRESIDENT	40.00			X				307,712.	0.	51,206.
(23) JAMES TUIITE VICE PRESIDENT, CFO	40.00			X				204,320.	0.	41,853.
(24) ISAM GHANIM EXECUTIVE VICE PRESIDENT	40.00				X			311,955.	0.	44,697.
(25) STEVEN STIRLING EXECUTIVE VICE PRESIDENT	40.00				X			205,346.	0.	49,754.
(26) JUMBE SUBUNYA REGIONAL DIRECTOR	40.00					X		215,511.	0.	41,110.
1b Sub-total								1,244,844.	0.	228,620.
c Total from continuation sheets to Part VII, Section A								737,125.	0.	118,901.
d Total (add lines 1b and 1c)								1,981,969.	0.	347,521.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **43**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
INTEGRATED MEDIA SOLUTIONS, 650 5TH AVENUE 35TH FLOOR, NEW YORK, NY 10019	MEDIA/ADVERTISING	5,051,593.
PUBLIC OUTREACH, 179 JOHN ST. STE 301A, TORONTO, ONTARIO, CANADA MST 1X4	MEDIA/ADVERTISING	2,018,120.
BLUE WOLF GROUP LLC 11 E 26TH ST 21ST FLOOR, NEW YORK, NY 10010	CONSULTING SERVICES	1,893,252.
ISANDBOX, 10120 WEST BROAD ST, SUITE G, GLEN ALLEN, VA 23060	MEDIA/ADVERTISING	1,782,879.
APPCO 30 WEST 21 ST, LEVEL 6, NEW YORK, NY 10010	MEDIA/ADVERTISING	1,414,779.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **31**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) GEOFFREY PETKOVICH REGIONAL DIRECTOR	40.00					X		194,775.	0.	18,285.
(28) CHERI DAHL VICE PRESIDENT	40.00					X		186,408.	0.	37,237.
(29) SCOTT LEMLER VICE PRESIDENT	40.00					X		172,580.	0.	31,642.
(30) TEREZA BYRNE VICE PRESIDENT	40.00					X		183,362.	0.	31,737.
Total to Part VII, Section A, line 1c								737,125.		118,901.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,056,604.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	218,419,579.				
	g Noncash contributions included in lines 1a-1f: \$		20,723,884.				
	h Total. Add lines 1a-1f		232,476,183.				
	Program Service Revenue	2 a CHILDFUND ALLIANCE MAI	Business Code 900099	1,358,778.	1,358,778.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,358,778.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		542,150.		-12,484.	554,634.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	180,599.				
		(ii) Personal					
		b Less: rental expenses	88,057.				
		c Rental income or (loss)	92,542.				
	d Net rental income or (loss)		92,542.			92,542.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	6,861,043.				
		(ii) Other	102,269.				
		b Less: cost or other basis and sales expenses	5,776,164.	32,987.			
		c Gain or (loss)	1,084,879.	69,282.			
	d Net gain or (loss)		1,154,161.			1,154,161.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a MISC. INCOME	900099	233,463.			233,463.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		233,463.					
12 Total revenue. See instructions.		235,857,277.	1,358,778.	-12,484.	2,034,800.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,225,501.	2,225,501.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	154,731,123.	154,731,123.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,270,242.	388,447.	881,795.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	27,759,951.	17,673,441.	5,991,314.	4,095,196.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,340,547.	903,358.	1,188,544.	248,645.
9 Other employee benefits	2,330,029.	1,182,172.	794,204.	353,653.
10 Payroll taxes	2,356,280.	1,443,468.	594,587.	318,225.
11 Fees for services (non-employees):				
a Management				
b Legal	369,936.	182,299.	120,045.	67,592.
c Accounting	460,988.	124,381.	324,856.	11,751.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	4,655,811.			4,655,811.
f Investment management fees	88,809.		88,809.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,772,354.	2,186,430.	254,839.	1,331,085.
12 Advertising and promotion	9,317,143.	178,074.	291,475.	8,847,594.
13 Office expenses	5,663,987.	1,416,119.	3,244,852.	1,003,016.
14 Information technology	2,404,312.	12,039.	2,381,515.	10,758.
15 Royalties				
16 Occupancy	1,750,091.	1,420,703.	147,496.	181,892.
17 Travel	2,621,447.	1,951,322.	285,628.	384,497.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	931,267.	710,552.	127,468.	93,247.
20 Interest	7,897.	6,312.	1,585.	
21 Payments to affiliates	335,355.		335,355.	
22 Depreciation, depletion, and amortization	2,525,545.	1,677,133.	745,570.	102,842.
23 Insurance	26,340.	26,340.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	1,461,434.	801,481.	60,099.	599,854.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	229,406,389.	189,240,695.	17,860,036.	22,305,658.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	10,069,797.	1	12,008,574.
	2 Savings and temporary cash investments	7,555,697.	2	3,621,473.
	3 Pledges and grants receivable, net	2,079,549.	3	3,945,692.
	4 Accounts receivable, net	4,682,716.	4	2,754,623.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,139,946.	8	8,901,926.
	9 Prepaid expenses and deferred charges	3,004,909.	9	3,054,635.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 46,303,932.		
	b Less: accumulated depreciation	10b 27,586,729.	14,634,196.	10c 18,717,203.
	11 Investments - publicly traded securities	41,458,834.	11	44,449,157.
	12 Investments - other securities. See Part IV, line 11	7,405,906.	12	6,775,979.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	13,120,146.	15	12,872,184.
16 Total assets. Add lines 1 through 15 (must equal line 34)	106,151,696.	16	117,101,446.	
Liabilities	17 Accounts payable and accrued expenses	11,781,822.	17	9,605,945.
	18 Grants payable	5,924,158.	18	6,924,857.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	3,700,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,477,105.	25	6,330,100.
	26 Total liabilities. Add lines 17 through 25	24,183,085.	26	26,560,902.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	25,335,354.	27	31,462,252.
	28 Temporarily restricted net assets	38,662,678.	28	41,439,898.
	29 Permanently restricted net assets	17,970,579.	29	17,638,394.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	81,968,611.	33	90,540,544.	
34 Total liabilities and net assets/fund balances	106,151,696.	34	117,101,446.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	235,857,277.
2	Total expenses (must equal Part IX, column (A), line 25)	2	229,406,389.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,450,888.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,968,611.
5	Net unrealized gains (losses) on investments	5	2,578,025.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-456,980.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,540,544.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?	X	
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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization <p align="center">CHILDFUND INTERNATIONAL USA</p>	Employer identification number <p align="center">54-0536100</p>
-------------------------------------------------------------------------------	--------------------------------------------------------------------

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	212,431,296.	223,284,175.	226,340,139.	233,739,486.	232,476,183.	1128271279.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	212,431,296.	223,284,175.	226,340,139.	233,739,486.	232,476,183.	1128271279.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,387,650.
6 Public support. Subtract line 5 from line 4.						1125883629.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	212,431,296.	223,284,175.	226,340,139.	233,739,486.	232,476,183.	1128271279.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,061,392.	2,373,177.	1,601,519.	2,454,379.	722,749.	9,213,216.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	288,436.	115,966.	198,054.	112,279.	233,463.	948,198.
11 Total support. Add lines 7 through 10						1138432693.
12 Gross receipts from related activities, etc. (see instructions)					12	7,085,775.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98.90	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.09	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2009 AMOUNT: \$ 288,436.

2010 AMOUNT: \$ 115,966.

2011 AMOUNT: \$ 198,054.

2012 AMOUNT: \$ 112,279.

2013 AMOUNT: \$ 233,463.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and**
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

CHILDFUND 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization CHILD FUND 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	<hr/> <hr/> <hr/>	\$ 17,088,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 15,046,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 14,056,604.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 8,120,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 6,964,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 6,482,876.	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 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
7	_____ _____ _____	\$ 5,610,084.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILD FUND INTERNATIONAL USA	Employer identification number 54-0536100
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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
2	SHOES _____ _____ _____	\$ 14,527,605.	06/30/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ _____
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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

- a Board designated or quasi-endowment 32.92 %
- b Permanent endowment 61.16 %
- c Temporarily restricted endowment 5.92 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,146,128.		1,146,128.
b Buildings		16,095,038.	8,302,250.	7,792,788.
c Leasehold improvements		152,681.	152,681.	0.
d Equipment		20,784,653.	12,617,507.	8,167,146.
e Other		8,125,432.	6,514,291.	1,611,141.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 18,717,203.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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	527,350.	END-OF-YEAR MARKET VALUE
(B) FUNDS OF FUNDS	6,248,629.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,775,979.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	12,798,674.
(2) COIN COLLECTIONS	73,510.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	12,872,184.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	6,330,100.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,330,100.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	251,782,916.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,578,025.
b	Donated services and use of facilities	2b	13,805,346.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-456,980.
e	Add lines 2a through 2d	2e	15,926,391.
3	Subtract line 2e from line 1	3	235,856,525.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,809.
b	Other (Describe in Part XIII.)	4b	-88,057.
c	Add lines 4a and 4b	4c	752.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	235,857,277.

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

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

1	Total expenses and losses per audited financial statements	1	243,210,983.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,805,346.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	13,805,346.
3	Subtract line 2e from line 1	3	229,405,637.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	88,809.
b	Other (Describe in Part XIII.)	4b	-88,057.
c	Add lines 4a and 4b	4c	752.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	229,406,389.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: CHILDFUND HAS SEVERAL ENDOWMENTS WHICH INCLUDE ASSETS OF

DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY OR

FOR A DONOR-SPECIFIED PERIOD, AS WELL AS BOARD-DESIGNATED FUNDS.

INVESTMENT GAINS AND YIELDS ON THE INVESTED PRINCIPAL ARE USED TO PROVIDE

FOOD, EDUCATION, BASIC HEALTH CARE, SCHOLARSHIPS, AND PROGRAM SUPPORT

BEYOND THE REACH OF TRADITIONAL SPONSORSHIP FUNDING.

PART X, LINE 2:

EXPLANATION: ON JULY 1, 2009, CHILDFUND ADOPTED THE PROVISIONS OF FASB ASC

740-10, INCOME TAXES, WHICH REQUIRES A TAX POSITION BE RECOGNIZED ON A

"MORE-LIKELY THAN-NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR

Part XIII Supplemental Information (continued)

EXPECTED TO BE TAKEN ON A TAX RETURN. CHILDFUND DOES NOT BELIEVE ITS
FINANCIAL STATEMENTS INCLUDE OR REFLECT ANY UNCERTAIN TAX POSITIONS. NO
PROVISION FOR INCOME TAXES HAS BEEN RECORDED FOR THE YEARS ENDED JUNE 30,
2014, 2013 AND 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE SPLIT INTEREST CGA	-121,160.
CHANGE IN ACCRUED BENEFIT LIABILITY	-335,820.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-456,980.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B	-88,057.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B	-88,057.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization CHILD FUND 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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	5	170	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	14,417,273.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENT		4,155,734.
EAST ASIA AND THE PACIFIC	5	265	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	33,489,987.
NORTH AMERICA	1	30	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	7,202,666.
RUSSIA AND NEIGHBORING STATES	1	16	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	1,355,442.
SOUTH AMERICA	3	132	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	22,913,522.
SOUTH ASIA	3	214	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	16,268,723.
SUB-SAHARAN AFRICA	14	740	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	82,837,260.
3 a Sub-total	32	1567			182,640,607.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	32	1567			182,640,607.

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

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	1,018,960.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	6,269,739.	WIRE TRANSFER	3,014.	HOUSEHOLD GOODS	DISCOUNTED FMV
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	3,600,251.	WIRE TRANSFER	9,286.	MEDICAL SUPPLIES	DISCOUNTED FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	9,390,848.	WIRE TRANSFER	517,869.	FOOD	FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	5,188,229.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	8,211,566.	WIRE TRANSFER	143,102.	EDUCATIONAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	2,859,432.	WIRE TRANSFER	549,454.	SHOES	FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	1,035,410.	WIRE TRANSFER	640,980.	SHOES	DISCOUNTED FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **31**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	702,319.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	5,870.	WIRE TRANSFER	0.		
		NORTH AMERICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	5,645,138.	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	535,333.	WIRE TRANSFER	787,606.	SHOES	FMV
		SOUTH AMERICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	10,564,058.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	4,233,156.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	4,460,587.	WIRE TRANSFER	0.		
		SOUTH ASIA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	4,363,744.	WIRE TRANSFER	76,813.	HOUSEHOLD GOODS	FMV
		SOUTH ASIA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	9,531,755.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	471,921.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	2,950,957.	WIRE TRANSFER	810,000.	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	7,827,363.	WIRE TRANSFER	712,910.	SHOES, HOUSEHOLD GOODS	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	8,289,763.	WIRE TRANSFER	189,216.	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	13,079,241.	WIRE TRANSFER	1,754,374.	FOOD	FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	13,849,405.	WIRE TRANSFER	3,255,876.	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	7,860,484.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	141,396.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	70,417.	WIRE TRANSFER	0.	SHOES, HOUSEHOLD GOODS	DISCOUNTED FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	4,274,863.	WIRE TRANSFER	3,163,506.	HOUSEHOLD GOODS	FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	1,357,054.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	2,553,535.	WIRE TRANSFER	63,821.	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	569,026.	WIRE TRANSFER	1,016,764.	SHOES, HOUSEHOLD GOODS	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	124,712.	WIRE TRANSFER	0.		

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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Schedule F (Form 990) 2013

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.

PART I, LINE 2:

EXPLANATION: 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 ORGANIZATION MUST PROVIDE AN ACCOUNTING OF ITS USE OF FUNDS BY SUBMITTING MONTHLY FINANCIAL REPORTS TO THE NATIONAL OFFICE. ANNUAL AUDITS ARE ALSO REQUIRED FOR ALL LOCAL COMMUNITY PROJECTS AND PROGRAMS TO PROVIDE ASSURANCE AND ACCEPTANCE BY ANY LEGAL, GOVERNMENTAL OR PROFESSIONAL BODY. 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 FOR APPROVAL TO THE RESPECTIVE AGENCIES PRIOR TO THE START OF A GRANT IN ORDER TO ENSURE THAT GRANT EXPENDITURES ARE ACCOUNTED FOR PROPERLY.

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.

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

A-122.7. PROFESSIONAL AUDITS ARE CONDUCTED ANNUALLY FOR ALL GRANT RELATED

ACTIVITIES.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC EDUCATION,

HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED,

NUTRITION.

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC EDUCATION,

HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED,

NUTRITION.

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC EDUCATION,

HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED,

NUTRITION.

REGION: RUSSIA AND NEIGHBORING STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: 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.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC EDUCATION,
HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED,
NUTRITION.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC EDUCATION,
HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED,
NUTRITION.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: BASIC EDUCATION,
HEALTH/SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD EDUCATION, MED,
NUTRITION.

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY
RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY
RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

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.

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

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.

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: RUSSIA AND NEIGHBORING STATES

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: 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.

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: 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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

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.

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BASIC EDUCATION, HEALTH/SANITATION, EMERGENCY

RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open To Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

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

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

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law 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 explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ISANDBOX

(I) ADDRESS OF FUNDRAISER:

10120 WEST BROAD STREET SUITE G, GLEN ALLEN, VA 23059

(I) NAME OF FUNDRAISER: APPCO GROUP

(I) ADDRESS OF FUNDRAISER: 40 RECTOR STREET SUITE 1504, NEW YORK, NY 10006

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: FUNDRAISING INITIATIVES INC

(I) ADDRESS OF FUNDRAISER:

489 QUEEN STREET E SUITE 301, TORONTO, CANADA M5A 1V1

(I) NAME OF FUNDRAISER: PUBLIC OUTREACH FUNDRAISING LLC

(I) ADDRESS OF FUNDRAISER: 1511 3RD AVENUE SUITE 788, SEATTLE, WA 98101

(I) NAME OF FUNDRAISER: CMS

(I) ADDRESS OF FUNDRAISER:

1900 CAMPUS COMMONS DRIVE SUITE 450, RESTON, VA 20191

(I) NAME OF FUNDRAISER: TNI THE NETWORK INC

(I) ADDRESS OF FUNDRAISER: 4422 1ST STREET, PEACHLAND, CANADA V0H 1X7

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 non-cash assistance	(h) Purpose of grant or assistance
AVANCE RIO GRANDE VALLEY 811 BOWIE ST ALAMA, TX 78516	91-2074499	501(C)(3)	434,500.	0.			EDUCATION/HEALTH AND SANITATION/ECD
BOYS AND GIRLS CLUB OF DELAWARE COUNTY - PO BOX 1260 - JAY, OK 74346	73-1214669	501(C)(3)	56,777.	0.			EDUCATION/HEALTH AND SANITATION/ECD
BOYS AND GIRLS CLUB OF NW MISSISSIPPI - PO BOX 825 - BATESVILLE, MS 38606	64-0896230	501(C)(3)	20,232.	0.			EDUCATION/HEALTH AND SANITATION/ECD
BOYS AND GIRLS CLUB OF SEQUOYAH COUNTY - 111 NORTH ELM ST - SALLISAW, OK 74955	73-1128670	501(C)(3)	91,486.	0.			EDUCATION/HEALTH AND SANITATION/ECD
BRICKFIRE PROJECT 143 WESTSIDE DR STARKSVILLE, MS 39759	64-0712270	501(C)(3)	94,921.	0.			EDUCATION/HEALTH AND SANITATION/ECD
NEIGHBORS BUILDING NEIGHBORHOODS (KID CONNECTION) - 207 N SECOND ST - MUSKOGEE, OK 74401	73-1600003	501(C)(3)	62,188.	0.			EDUCATION/HEALTH AND SANITATION/ECD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **11.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
NORTH DELTA YOUTH DEVELOPMENT CENTER - PO BOX 326 - LAMBERT, MS 38643	64-0849178	501(C)(3)	56,727.	0.			EDUCATION/HEALTH AND SANITATION/ECD
OPERATION SHOESTRING PO BOX 11223 JACKSON, MS 39283-1223	64-0471554	501(C)(3)	146,966.	0.			EDUCATION/HEALTH AND SANITATION/ECD
OYATE NETWORKING MISSION OFFICE PO BOX 755 MISSION, SD 57555	46-0438929	501(C)(3)	184,638.	0.			EDUCATION/HEALTH AND SANITATION/ECD
TURTLE MOUNTAIN YOUTH & FAMILY PO BOX 339 DUNSEITH, ND 58329-0339	45-0422420	501(C)(3)	12,885.	0.			EDUCATION/HEALTH AND SANITATION/ECD
WE CARE COMMUNITY SERVICES PO BOX 767 VICKSBURG, MS 39181-0767	51-0188737	501(C)(3)	39,599.	0.			EDUCATION/HEALTH AND SANITATION/ECD

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

EXPLANATION: 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <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 (e.g., maid, chauffeur, chef) </p>		
<p>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</p>	X	
<p>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 in line 1a?</p>	X	
<p>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.</p> <p> <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 </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
		X
		X
		X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
		X
		X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
		X
		X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE GODDARD PRESIDENT	(i)	302,312.	5,400.	0.	32,625.	18,581.	358,918.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES TUIITE VICE PRESIDENT, CFO	(i)	204,320.	0.	0.	19,100.	22,753.	246,173.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ISAM GHANIM EXECUTIVE VICE PRESIDENT	(i)	212,762.	9,793.	89,400.	15,551.	29,146.	356,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVEN STIRLING EXECUTIVE VICE PRESIDENT	(i)	205,346.	0.	0.	28,088.	21,666.	255,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JUMBE SUBUNYA REGIONAL DIRECTOR	(i)	106,504.	0.	109,007.	8,157.	32,953.	256,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GEOFFREY PETKOVICH REGIONAL DIRECTOR	(i)	165,392.	0.	29,383.	7,157.	11,128.	213,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHERI DAHL VICE PRESIDENT	(i)	186,408.	0.	0.	17,039.	20,198.	223,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SCOTT LEMLER VICE PRESIDENT	(i)	172,580.	0.	0.	15,093.	16,549.	204,222.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TEREZA BYRNE VICE PRESIDENT	(i)	183,362.	0.	0.	16,784.	14,953.	215,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

PART I, LINE 1A:

EXPLANATION: EXPATRIATE KEY EMPLOYEES MAY BE PROVIDED WITH A HOUSING

ALLOWANCE, TAX INDEMINIFICATION, AND TRAVEL FOR COMPANIONS FOR HOME LEAVE

ONLY. THESE BENEFITS ARE SPECIFIED IN INDIVIDUAL CONTRACTS AND INCLUDED IN

TAXABLE COMPENSATION.

PART I, LINE 3:

EXPLANATION: CHILDFUND PROVIDED EXTERNAL MARKET FOR COMPENSATION

BENCHMARKS TO THE BOARD OF COMPENSATION COMMITTEE FOR REVIEW FOR THE CEO.

THE COMMITTEE IS INDEPENDENT AND THEIR DECISIONS ARE DOCUMENTED IN BOARD

MINUTES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,779,907.	DISCOUNTED FMV
5 Clothing and household goods	X		16,925,176.	DISCOUNTED FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	4	1,018,801.	DISCOUNTED FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: LINE 20 - TOTAL OF 4 SHIPMENTS THAT CONSISTED OF GENERAL

MEDICAL SUPPLIES TO OUTFIT A CLINIC (I.E. GLOVES, BANDAGES, SCRUB

BRUSHES AND SKIN PREP KITS, ETC.) AND 45 HOSPITAL BEDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization CHILD FUND INTERNATIONAL USA	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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROTECTING, AND ADVANCING THE WORTH AND THE RIGHTS OF CHILDREN.

CHILD FUND PROGRAMS REACH AN ESTIMATED 13.5 MILLION INFANTS, CHILDREN,
YOUTH AND PARENTS ANNUALLY. PROTECTING AND ADVANCING THE WORTH AND THE
RIGHTS OF CHILDREN. CHILD FUND 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. CHILD FUND PROGRAMS REACH INFANTS, CHILDREN AND YOUTH, INCLUDING
THEIR PARENTS AND FAMILIES.

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

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

EXPENSES \$ 21,427,920. INCL GRANTS OF \$ 17,772,361. REVENUE \$ 121,400.

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

NUTRITION: CHILD FUND 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 \$ 16,907,696. INCL GRANTS OF \$ 14,023,278. REVENUE \$ 153,856.

DURING THE FISCAL PERIOD CHILD FUND PROVIDED AID AND ASSISTANCE TO

NUMEROUS VICTIMS OF DISASTER AND HUMANITARIAN CRISIS AROUND THE

WORLD, INCLUDING RESPONSES TO TYPHOON PHAILIN IN INDIA, TO TYPHOON

HAIYAN IN THE PHILIPPINES, TO CROSS-BORDER CHILD MIGRATION IN THE

AMERICAS, AND AN ON-GOING REGIONAL RESPONSE TO THE EBOLA VIRUS

DISEASE OUTBREAK IN WEST AFRICA.

EXPENSES \$ 12,207,183. INCL GRANTS OF \$ 10,124,663. REVENUE \$ 87,649.

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

AFGHANISTAN, ANGOLA, BOLIVIA, BELARUS,

BRAZIL, SRI LANKA, DOMINICA, ECUADOR,

ETHIOPIA, GAMBIA, GUATEMALA, GUINEA,

HONDURAS, INDONESIA, INDIA, KENYA,

LIBERIA, MEXICO, MOZAMBIQUE, PANAMA,

PHILIPPINES, SOUTH AFRICA, SENEGAL, SIERRA LEONE,

THAILAND, EAST TIMOR, UGANDA, ST VINCENT/GRENADINES,

ZAMBIA

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

EXPLANATION: THE FORM 990 IS REVIEWED BY OUR CONTROLLER, CFO, AN

INDEPENDENT TAX CONSULTANT, AND MEMBER OF THE BOARD OF DIRECTORS BEFORE IT

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

IS FILED WITH THE IRS.

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

EXPLANATION: THE BOARD OF DIRECTORS, PRESIDENT, AND VICE PRESIDENTS ARE REQUIRED TO ANNUALLY REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE STATEMENT. THE STATEMENT REQUIRES DISCLOSURE OF ANY RELATIONSHIP OR ACTIVITY WHICH MAY CONSTITUTE A CONFLICT OF INTEREST. BOARD MEMBERS ARE ALSO REQUIRED TO PROMPTLY UPDATE THEIR DISCLOSURE STATEMENT WITH NEW RELATIONSHIPS OR ACTIVITIES WHICH MAY CONSTITUTE A CONFLICT OF INTEREST. DISCLOSURES MADE ARE REVIEWED BY THE FULL BOARD OF DIRECTORS IN CONSULTATION WITH THE FINANCE DEPARTMENT AND ACTION IS TAKEN TO AVOID POTENTIAL OR ACTUAL CONFLICT. MEMBERS OF STAFF ARE REQUIRED TO RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE STATEMENT WHEN HIRED. NON-KEY EMPLOYEES ARE REQUIRED TO PROMPTLY DISCLOSE TO THEIR SUPERVISOR AS SOON AS THEY BECOME AWARE OF A CONFLICT, POTENTIAL CONFLICT OR APPEARANCE OF A CONFLICT. MANAGEMENT IN CONSULTATION WITH THE ASSURANCE DEPARTMENT REVIEWS THE DISCLOSURE AND TAKES ACTION TO AVOID POTENTIAL OR ACTUAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: CHILD FUND 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NE

NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV

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

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: CHILD FUND'S CONFLICT OF INTEREST POLICY AND GOVERNING

DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS

SET FORTH IN SECTION 6104(D). ANNUAL REPORTS AND FINANCIAL STATEMENTS ARE

AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

CHANGE IN ACCRUED BENEFIT LIABILITY	-335,820.
CHANGE IN VALUE SPLIT INTEREST CGA	-121,160.
TOTAL TO FORM 990, PART XI, LINE 9	-456,980.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL

STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE

FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

FORM 990, PART VII, SECTION A, LINE 1A

EXPLANATION: ON A FULL TRANSPARENCY POSTURE, CHILD FUND HAS ELECTED TO

INCLUDE ALL "OTHER COMPENSATION" IN COLUMN F, REGARDLESS OF AMOUNT.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); Name of organization: CHILDFUND INTERNATIONAL USA; Number, street, and room or suite no.: 2821 EMERYWOOD PKWY; City or town, state or province, country, and ZIP or foreign postal code: RICHMOND, VA 23294-3726; D Employer identification number: 54-0536100; E Unrelated business activity codes: 525990

C Book value of all assets at end of year: 117,101,446. F Group exemption number. G Check organization type: 501(c) corporation

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of JAMES TUITE Telephone number 804-756-2700

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 4c Capital loss deduction for trusts; 5 Income (loss) from partnerships and S corporations; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from controlled organizations; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 0.

44a Payments: A 2012 overpayment credited to 2013 **44a**

b 2013 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: Form 2439 Form 4136 Other _____ Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.

49 Enter the amount of line 48 you want: **Credited to 2014 estimated tax** **49** **Refunded**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here SEE SCHEDULE O OF FORM 990 **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4a Additional section 263A costs (att. schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____ VICE PRESIDENT FINANCE & CFO Title _____

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

Paid Preparer Use Only

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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CHILDFUND INTERNATIONAL INVESTS IN PARTNERSHIPS WHICH GENERATE UNRELATED BUSINESS INCOME

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
PROPERTY HOLDINGS III, LLC	-9,727.
PROPERTY HOLDINGS IV, LLC	-2,757.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-12,484.

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	3
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	69,532.	0.	69,532.	69,532.
NOL CARRYOVER AVAILABLE THIS YEAR			69,532.	69,532.
