

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

# 2010

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A** For the **2010** calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

|   |  |   |   |
|---|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>CHILD FUND INTERNATIONAL USA              |   | <b>D</b> Employer identification number<br>54-0536100 |
|   | Doing Business As  |   | <b>E</b> Telephone number<br>(804) 756-2700           |
|   | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite  |   |
|   | City or town, state or country, and ZIP + 4<br>RICHMOND, VA 23294-3726     |   | <b>G</b> Gross receipts \$ 237,672,700.               |
| <b>F</b> Name and address of principal officer: ANNE LYNAM GODDARD<br>SAME AS C ABOVE   |  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |   |
| <b>J</b> Website: ▶ HTTP://WWW.CHILDFUND.ORG  |  | <b>H(c)</b> Group exemption number ▶  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  | <b>L</b> Year of formation: 1938 <b>M</b> State of legal domicile: VA   |   |

## Part I Summary

|   |  |  |
|---|--|--|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO HELP DEPRIVED, EXCLUDED AND VULNERABLE CHILDREN LIVING IN POVERTY HAVE THE CAPACITY TO BECOME</u> |  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b> 19  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b> 19  |
|   | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | <b>5</b> 213   |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b> 0   |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b> 0.   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                     | <b>7b</b> 0.   |  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year: 212,431,296. Current Year: 223,284,175.                        |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 1,358,045. 1,443,013.  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 1,514,120. 3,168,613.  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 468,759. 347,554.  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 215,772,220. 228,243,355.  |
|   | <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |  | 0. 0.  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |  | 32,627,212. 32,592,800.  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |  | 430,835. 417,642.  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,250,389.            |  |  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                      |  | 40,580,235. 41,358,759.  |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 212,581,677. 216,184,138.  |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 3,190,543. 12,059,217.   |  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year: 83,079,438. End of Year: 101,401,580.           |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 22,056,457. 20,537,051.  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 61,022,981. 80,864,529.  |

## Part II Signature Block

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

|                               |  |                        |  |
|-------------------------------|--|------------------------|--|
| <b>Sign Here</b>              | ▶ Signature of officer   |                        | Date   |
|                               | ▶ JAMES TUIE, VICE PRESIDENT FINANCE & CFO                                 |                        | Type or print name and title                         |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>JAMES P. SWEENEY, CPA                        | Preparer's signature   | Date   |
|                               | Firm's name ▶ MCGLADREY LLP  | Firm's EIN ▶           | Check <input type="checkbox"/> if self-employed PTIN |
|                               | Firm's address ▶ 8000 TOWERS CRESCENT DR. STE 500<br>VIENNA, VA 22182-6205 | Phone no. 703-336-6400 |  |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 66,414,893. including grants of \$ 54,019,057. ) (Revenue \$ 541,888. ) BASIC EDUCATION: CHILDFUND'S EDUCATIONAL PROGRAMS WORK WITH EDUCATORS, COMMUNITY GROUPS, PARENTS, AND CHILDREN ALIKE TOWARDS THE GOAL OF AT LEAST COMPLETING BASIC EDUCATION THROUGH ACTIVITIES THAT INCLUDE IMPROVING SCHOOL FACILITIES, ENHANCING TEACHING METHODOLOGIES, AND CREATING SAFER SCHOOL ENVIRONMENTS, AS WELL AS IMPROVING POLICY TO ENHANCE STUDENT ACCESS AND SAFETY.

4b (Code: ) (Expenses \$ 48,277,577. including grants of \$ 38,197,822. ) (Revenue \$ 393,903. ) 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, EARLY CHILDHOOD DEVELOPMENT, INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES, NUTRITION AND SANITATION SEXUAL AND REPRODUCTIVE HEALTH AND EDUCATION.

4c (Code: ) (Expenses \$ 21,249,436. including grants of \$ 17,735,156. ) (Revenue \$ 173,377. ) 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 \$ 40,916,621. including grants of \$ 31,862,902. ) (Revenue \$ 333,845. )

4e Total program service expenses 176,858,527.

**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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? .....   | 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   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....   |     | X  |
| 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> .....                         |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....                        |     |    |
| 20b |  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> 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   |    |
| <b>24a</b> 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 25</i> ..... |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....                 |     | X  |
| <b>28</b> 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):   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>b</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  |
| <b>c</b> 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  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | X   |    |
| <b>30</b> 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  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> 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  |
| <b>33</b> 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  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....  |     | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>a</b> 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> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> 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  |
| <b>37</b> 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  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....  | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Table with columns for question number, question text, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

**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 to any question in this Part VI

**Section A. Governing Body and Management**

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   |     |    |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent  |     |    |
| <b>2</b>  | 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  |
| <b>3</b>  | 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  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body?   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9</b>  | 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 |
|------------|--|-----|----|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates?  |     | X  |
| <b>10b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |    |
| <b>11a</b> | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | X   |    |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  |     | X  |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |    |
| <b>16a</b> | 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  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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  AK,  AL,  AR,  AZ,  CA,  CO,  CT,  DC,  FL,  GA,  HI,  IL
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 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 to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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)<br>Name and Title             | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| CHARLES CARAVATI<br>DIRECTOR      | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| A SCOTT ANDREWS<br>DIRECTOR       | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| JESUS AMADEO<br>DIRECTOR          | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| A HUGH EWING III<br>DIRECTOR      | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| LYNNE VERNON-FEAGANS<br>DIRECTOR  | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ROGER GREGORY<br>DIRECTOR         | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| MARILYN GRIST<br>DIRECTOR         | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| SARAH HANSON<br>DIRECTOR          | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| KAREN HEIN<br>DIRECTOR            | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| BARBARA JOYNES<br>DIRECTOR        | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| DARRELL MARTIN<br>DIRECTOR        | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| MAUREEN DENLEA-MASSEY<br>DIRECTOR | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| VELMA MCBRIDE MURRY<br>DIRECTOR   | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ROBERT NORFLEET, JR<br>DIRECTOR   | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| JOHN PURNELL JR<br>DIRECTOR       | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| MASOOD REHMANI<br>DIRECTOR        | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| THOMAS SIEGFRIED<br>DIRECTOR      | 2.00   | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| PETER TANOUS<br>DIRECTOR                                       | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| THOMAS WEISNER<br>DIRECTOR                                     | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BRIAN WILCOX<br>DIRECTOR                                       | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| NANCY HILL<br>DIRECTOR   | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PAUL HIRSCHBIEL<br>DIRECTOR                                    | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| AUSTIN BROCKENBROUGH IV<br>DIRECTOR                            | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARK JENNINGS<br>DIRECTOR                                      | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOHN LEWIS<br>DIRECTOR   | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ROBERT HARDIE<br>DIRECTOR                                      | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 1,595,600.   | 0.  | 193,459.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 1,595,600.   | 0.  | 193,459.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| INTEGRATED MEDIA SOLUTIONS, 650 5TH AVENUE<br>35TH FLOOR, NEW YORK, NY 10019 | MEDIA/ADVERTISING              | 12,717,186.         |
| ISANDBOX, 10120 WEST BROAD ST, SUITE G,<br>GLEN ALLEN, VA 23060              | MEDIA/ADVERTISING              | 1,132,917.          |
| CSG SYSTEMS INC.<br>DEPARTMENT 8252, LOS ANGELES, CA 90084                   | PRINTING & POSTAGE             | 1,067,252.          |
| VAN GROESBECK<br>2124 HANOVER AVE, RICHMOND, VA 23220                        | PRINTING & POSTAGE             | 599,816.            |
| QUIGLEY-SIMPSON, 11601 WILTSHIRE BLVD, STE<br>710, LOS ANGELES, CA 90025     | MEDIA/ADVERTISING              | 587,582.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **28**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

| (A)<br>Name and title                       | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| TOM SNEAD<br>DIRECTOR                       | 2.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ANNE GODDARD<br>PRESIDENT                   | 40.00                         |  |                       | X       |              |                              |        | 259,484.   | 0.  | 37,528.   |
| JAMES TUITE<br>VICE PRESIDENT/CFO           | 40.00                         |  |                       | X       |              |                              |        | 192,489.   | 0.  | 32,486.   |
| ISAM GHANIM<br>VICE PRESIDENT               | 40.00                         |  |                       |         | X            |                              |        | 329,589.   | 0.  | 23,219.   |
| MICHAEL PRESSENDO<br>VICE PRESIDENT         | 40.00                         |  |                       |         |              | X                            |        | 186,308.   | 0.  | 25,860.   |
| DIANE WILLIS<br>VICE PRESIDENT              | 40.00                         |  |                       |         |              | X                            |        | 173,361.   | 0.  | 20,549.   |
| CHERI DAHL<br>VICE PRESIDENT                | 40.00                         |  |                       |         |              | X                            |        | 173,224.   | 0.  | 28,320.   |
| CHARLES DAVY<br>VICE PRESIDENT              | 40.00                         |  |                       |         |              | X                            |        | 154,210.   | 0.  | 7,187.  |
| DULA JAMES<br>VICE PRESIDENT                | 40.00                         |  |                       |         |              | X                            |        | 126,935.   | 0.  | 18,310.   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c ..... |                               |  |                       |         |              |                              |        | 1,595,600.   |   | 193,459.  |

**Part VIII Statement of Revenue**

|  |   |   | (A)<br>Total revenue    | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|--|---|---|-------------------------|---|---|--|--|
| <b>Contributions, gifts, grants and other similar amounts</b>              | <b>1 a</b> Federated campaigns .....  | <b>1a</b>   |                         |   |   |  |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>   |                         |   |   |  |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>   |                         |   |   |  |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>   |                         |   |   |  |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>   | 10,921,218.             |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....   | <b>1f</b>   | 212,362,957.            |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |   | 1,398,951.              |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |   | 223,284,175.            |   |   |  |  |
|  | <b>Program Service Revenue</b>  | <b>2 a</b> CHILDFUND ALLIANCE MAI .....                     | Business Code<br>900099 | 1,443,013.                                      | 1,443,013.                              |  |  |
| <b>b</b> .....   |   |   |                         |   |   |  |  |
| <b>c</b> .....   |   |   |                         |   |   |  |  |
| <b>d</b> .....   |   |   |                         |   |   |  |  |
| <b>e</b> .....   |   |   |                         |   |   |  |  |
| <b>f</b> All other program service revenue .....                           |   |   |                         |   |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....                                      |   |   | 1,443,013.              |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....   |   | 1,824,400.              |   |   | 1,824,400.   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |   |                         |   |   |  |  |
|  | <b>5</b> Royalties .....  |   |                         |   |   |  |  |
|  | <b>6 a</b> Gross Rents .....  | (i) Real  | 548,777.                |   |   |  |  |
|  |   | (ii) Personal   |                         |   |   |  |  |
|  |   | <b>b</b> Less: rental expenses .....                        |                         | 317,189.  |   |  |  |
|  |   | <b>c</b> Rental income or (loss) .....                      |                         | 231,588.  |   |  |  |
|  | <b>d</b> Net rental income or (loss) .....  |   | 231,588.                |   |   | 231,588.   |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory .....   | (i) Securities  | 9,773,701.              |   |   |  |  |
|  |   | (ii) Other  | 682,668.                |   |   |  |  |
|  |   | <b>b</b> Less: cost or other basis and sales expenses ..... |                         | 8,774,004.                                      |   |  |  |
|  |   | <b>c</b> Gain or (loss) .....                               |                         | 999,697.  |   |  |  |
|  | <b>d</b> Net gain or (loss) .....   |   | 1,344,213.              |   |   | 1,344,213.   |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>a</b>  |                         |   |   |  |  |
|  |   | <b>b</b> Less: direct expenses .....                        | <b>b</b>                |   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                |   |   |                         |   |   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 ..... | <b>a</b>  |   |                         |   |   |  |  |
|  | <b>b</b> Less: direct expenses .....  | <b>b</b>  |                         |   |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities .....  |   |                         |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....    | <b>a</b>  |   |                         |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold .....   | <b>b</b>  |                         |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....   |   |                         |   |   |  |  |
| Miscellaneous Revenue  |   | Business Code   |                         |   |   |  |  |
| <b>11 a</b> MISC. INCOME .....   | 900099  | 115,966.  |                         |   | 115,966.                                |  |  |
| <b>b</b> .....   |   |   |                         |   |   |  |  |
| <b>c</b> .....   |   |   |                         |   |   |  |  |
| <b>d</b> All other revenue .....   |   |   |                         |   |   |  |  |
| <b>e Total.</b> Add lines 11a-11d .....                                    |   | 115,966.  |                         |   |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                            |   | 228,243,355.  | 1,443,013.              | 0.  | 3,516,167.                              |  |  |

**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) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....   | 2,059,381.            | 2,059,381.                      |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....  | 139,755,556.          | 139,755,556.                    |  |                             |
| 4 Benefits paid to or for members .....   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....  | 1,744,921.            | 604,140.                        | 932,229.                               | 208,552.                    |
| 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 .....  | 24,380,137.           | 16,411,567.                     | 5,137,875.                             | 2,830,695.                  |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....   | 2,025,671.            | 769,339.                        | 1,095,299.                             | 161,033.                    |
| 9 Other employee benefits .....   | 2,009,563.            | 1,116,663.                      | 665,115.                               | 227,785.                    |
| 10 Payroll taxes .....  | 2,432,508.            | 1,804,917.                      | 421,320.                               | 206,271.                    |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  |                       |                                 |  |                             |
| b Legal .....   | 274,336.              | 187,250.                        | 87,086.                                |                             |
| c Accounting .....  | 1,492,280.            | 1,200,034.                      | 287,447.                               | 4,799.                      |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....   | 417,642.              |                                 |  | 417,642.                    |
| f Investment management fees .....  | 73,457.               |                                 | 73,457.                                |                             |
| g Other .....   | 3,760,499.            | 2,206,390.                      | 954,392.                               | 599,717.                    |
| 12 Advertising and promotion .....  | 15,467,233.           | 350,480.                        | 302,785.                               | 14,813,968.                 |
| 13 Office expenses .....  | 7,196,790.            | 3,355,040.                      | 3,175,044.                             | 666,706.                    |
| 14 Information technology .....   | 1,632,307.            | 14,599.                         | 1,267,359.                             | 350,349.                    |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 1,888,324.            | 1,571,760.                      | 182,204.                               | 134,360.                    |
| 17 Travel .....   | 3,051,367.            | 2,502,650.                      | 288,672.                               | 260,045.                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....   | 1,091,267.            | 831,942.                        | 158,261.                               | 101,064.                    |
| 20 Interest .....   | 172.                  | 60.                             | 112.                                   |                             |
| 21 Payments to affiliates .....   | 184,328.              |                                 | 184,328.                               |                             |
| 22 Depreciation, depletion, and amortization .....  | 1,952,280.            | 1,278,509.                      | 642,501.                               | 31,270.                     |
| 23 Insurance .....  | 72,950.               | 25,330.                         | 47,620.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....                                     |                       |                                 |  |                             |
| a OTHER EXPENSES .....  | 3,221,169.            | 812,920.                        | 172,116.                               | 2,236,133.                  |
| b .....   |                       |                                 |  |                             |
| c .....   |                       |                                 |  |                             |
| d .....   |                       |                                 |  |                             |
| e .....   |                       |                                 |  |                             |
| f All other expenses .....  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24f .....   | 216,184,138.          | 176,858,527.                    | 16,075,222.                            | 23,250,389.                 |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)                    |              | (B)                    |  |
|---|--|------------------------|--------------|------------------------|--|
|   |  | Beginning of year      |              | End of year            |  |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 12,887,631.            | <b>1</b>     | 18,699,584.            |  |
|   | <b>2</b> Savings and temporary cash investments .....  | 9,906,732.             | <b>2</b>     | 11,311,117.            |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 3,236,536.             | <b>3</b>     | 3,587,522.             |  |
|   | <b>4</b> Accounts receivable, net .....  | 2,883,005.             | <b>4</b>     | 3,889,378.             |  |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                        | <b>5</b>     |                        |  |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                        | <b>6</b>     |                        |  |
|   | <b>7</b> Notes and loans receivable, net .....   |                        | <b>7</b>     |                        |  |
|   | <b>8</b> Inventories for sale or use .....   |                        | <b>8</b>     | 375,092.               |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 3,271,446.             | <b>9</b>     | 3,680,083.             |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 36,429,193. |              |                        |  |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 23,360,127. | 14,083,289.  | <b>10c</b> 13,069,066. |  |
|   | <b>11</b> Investments - publicly traded securities .....   | 25,559,037.            | <b>11</b>    | 28,596,055.            |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 4,800,694.             | <b>12</b>    | 5,508,952.             |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                        | <b>13</b>    |                        |  |
|   | <b>14</b> Intangible assets .....  |                        | <b>14</b>    |                        |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 6,451,068.             | <b>15</b>    | 12,684,731.            |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 83,079,438.  | <b>16</b>              | 101,401,580. |                        |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 10,021,793.            | <b>17</b>    | 10,421,693.            |  |
|   | <b>18</b> Grants payable .....   | 3,560,149.             | <b>18</b>    | 4,146,933.             |  |
|   | <b>19</b> Deferred revenue .....   |                        | <b>19</b>    |                        |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                        | <b>20</b>    |                        |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                        | <b>21</b>    |                        |  |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                        | <b>22</b>    |                        |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                        | <b>23</b>    |                        |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                        | <b>24</b>    |                        |  |
|   | <b>25</b> Other liabilities. Complete Part X of Schedule D .....   | 8,474,515.             | <b>25</b>    | 5,968,425.             |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 22,056,457.            | <b>26</b>    | 20,537,051.            |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                        |              |                        |  |
|   | <b>27</b> Unrestricted net assets .....  | 16,033,869.            | <b>27</b>    | 25,567,789.            |  |
|   | <b>28</b> Temporarily restricted net assets .....  | 32,871,076.            | <b>28</b>    | 37,681,840.            |  |
|   | <b>29</b> Permanently restricted net assets .....  | 12,118,036.            | <b>29</b>    | 17,614,900.            |  |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                        |              |                        |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                        | <b>30</b>    |                        |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                        | <b>31</b>    |                        |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                        | <b>32</b>    |                        |  |
|   | <b>33</b> Total net assets or fund balances .....  | 61,022,981.            | <b>33</b>    | 80,864,529.            |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 83,079,438.  | <b>34</b>              | 101,401,580. |                        |  |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|          |  |          |              |
|----------|--|----------|--------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b> | 228,243,355. |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b> | 216,184,138. |
| <b>3</b> | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b> | 12,059,217.  |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b> | 61,022,981.  |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)   | <b>5</b> | 7,782,331.   |
| <b>6</b> | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 80,864,529.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| <b>3a</b> | 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>3b</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   |    |

Form **990** (2010)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- 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 support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006     | (b) 2007     | (c) 2008     | (d) 2009     | (e) 2010     | (f) Total   |
|--|--------------|--------------|--------------|--------------|--------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 207,077,917. | 226,806,941. | 216,130,540. | 212,431,296. | 223,284,175. | 1085730869. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |              |              |              |              |              |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |              |              |              |              |              |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 207,077,917. | 226,806,941. | 216,130,540. | 212,431,296. | 223,284,175. | 1085730869. |
| <b>5</b> 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) ..... |              |              |              |              |              |             |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |              |              |              |              |              | 1085730869. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2006     | (b) 2007     | (c) 2008     | (d) 2009     | (e) 2010     | (f) Total                |
|--|--------------|--------------|--------------|--------------|--------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 207,077,917. | 226,806,941. | 216,130,540. | 212,431,296. | 223,284,175. | 1085730869.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 1,074,380.   | 920,991.     | 633,204.     | 2,061,392.   | 2,373,177.   | 7,063,144.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |              |              |              |              |              |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  | 588,750.     | 631,425.     | 349,747.     | 288,436.     | 115,966.     | 1,974,324.               |
| <b>11 Total support.</b> Add lines 7 through 10  |              |              |              |              |              | 1094768337.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |              |              |              |              | <b>12</b>    | 6,453,209.               |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |              |              |              |              |              | <input type="checkbox"/> |

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

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 99.17 | % |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 99.20 | % |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

|  |           |  |   |
|--|-----------|--|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> |  | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> |  | % |

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

|  |           |  |   |
|--|-----------|--|---|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> |  | % |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....                        | <b>18</b> |  | % |

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

**2010**

**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, aggregate 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 aggregate 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 line 2 of its Form 990-PF, 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) (2010)

|   |   |
|---|---|
| <b>Name of organization</b><br><br>CHILD FUND INTERNATIONAL USA | <b>Employer identification number</b><br><br>54-0536100 |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| 1          | <hr/><br><hr/><br><hr/>           | \$ 20,941,651.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | <hr/><br><hr/><br><hr/>           | \$ 10,924,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | <hr/><br><hr/><br><hr/>           | \$ 6,798,176.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | <hr/><br><hr/><br><hr/>           | \$ 7,933,771.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | <hr/><br><hr/><br><hr/>           | \$ 7,691,447.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | <hr/><br><hr/><br><hr/>           | \$ 5,888,832.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|   |   |
|---|---|
| <b>Name of organization</b><br><br>CHILD FUND INTERNATIONAL USA | <b>Employer identification number</b><br><br>54-0536100 |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| 7          | <hr/> <hr/> <hr/> <hr/>           | \$ 4,512,027.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| _____      | <hr/> <hr/> <hr/> <hr/>           | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/> <hr/> <hr/> <hr/>           | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/> <hr/> <hr/> <hr/>           | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/> <hr/> <hr/> <hr/>           | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/> <hr/> <hr/> <hr/>           | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | <hr/> <hr/> <hr/> <hr/>           | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|   |   |
|---|---|
| <b>Name of organization</b><br><br>CHILD FUND INTERNATIONAL USA | <b>Employer identification number</b><br><br>54-0536100 |
|---|---|

**Part II Noncash Property** (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |
|                              |  | \$ _____                                       | _____                |

|   |   |
|---|---|
| <b>Name of organization</b><br><br>CHILD FUND INTERNATIONAL USA | <b>Employer identification number</b><br><br>54-0536100 |
|---|---|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

|  |                            |   |  |
|--|----------------------------|---|--|
| <b>(a) No.<br/>from<br/>Part I</b>             | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |
| <b>(a) No.<br/>from<br/>Part I</b>             | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |
| <b>(a) No.<br/>from<br/>Part I</b>             | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |
| <b>(a) No.<br/>from<br/>Part I</b>             | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |
|  |                            |   |  |

**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, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**

CHILDFUND INTERNATIONAL USA

**Employer identification number**

54-0536100

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

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year .....              |                         |                              |
| 2 Aggregate contributions to (during year) ..... |                         |                              |
| 3 Aggregate grants from (during year) .....      |                         |                              |
| 4 Aggregate value at end of year .....           |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

|  | Held at the End of the 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 XIV, 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 XIV, 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 XIV.
- 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 XIV 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 XIV.

**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                     | 10,025,252.      | 9,209,765.     | 11,205,152.        |                      |                     |
| b Contributions                                  | 136,071.         | 67,587.        | 367,931.           |                      |                     |
| c Net investment earnings, gains, and losses     | 1,556,533.       | 888,516.       | -1,948,338.        |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 262,154.         | 120,161.       | 396,560.           |                      |                     |
| f Administrative expenses                        | 25,555.          | 20,455.        | 18,420.            |                      |                     |
| g End of year balance                            | 11,430,147.      | 10,025,252.    | 9,209,765.         |                      |                     |

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  23.00 %
  - b Permanent endowment  71.70 %
  - c Term endowment  5.30 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   | X   |    |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 1,180,378.                      |                              | 1,180,378.     |
| b Buildings  |                                      | 15,347,270.                     | 7,000,937.                   | 8,346,333.     |
| c Leasehold improvements   |                                      | 128,743.                        | 88,869.                      | 39,874.        |
| d Equipment  |                                      | 12,463,339.                     | 9,968,739.                   | 2,494,600.     |
| e Other  |                                      | 7,309,463.                      | 6,301,582.                   | 1,007,881.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 13,069,066.    |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other   |                |  |
| (A) REAL ESTATE INVESTMENT TRUST  | 1,871,298.     | COST   |
| (B) FUNDS OF FUNDS  | 3,637,654.     | COST   |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | 5,508,952.     |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) BENEFICIAL INTEREST IN TRUST   | 12,611,221.    |
| (2) COIN COLLECTIONS   | 73,510.        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | 12,684,731.    |

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

| 1. (a) Description of liability  | (b) Amount |
|--|------------|
| (1) Federal income taxes   |            |
| (2) ACCRUED BENEFIT LIABILITY  | 5,968,425. |
| (3)  |            |
| (4)  |            |
| (5)  |            |
| (6)  |            |
| (7)  |            |
| (8)  |            |
| (9)  |            |
| (10)   |            |
| (11)   |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | 5,968,425. |

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, 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).



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 228,243,355. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 216,184,138. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 12,059,217.  |
| 4  | Net unrealized gains (losses) on investments   | 4  | 5,013,321.   |
| 5  | Donated services and use of facilities   | 5  |              |
| 6  | Investment expenses  | 6  |              |
| 7  | Prior period adjustments   | 7  |              |
| 8  | Other (Describe in Part XIV.)  | 8  | 2,769,010.   |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  | 7,782,331.   |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 19,841,548.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |              |
|---|---|----|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 246,577,424. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |              |
| a | Net unrealized gains on investments   | 2a | 5,013,321.   |
| b | Donated services and use of facilities  | 2b | 10,308,007.  |
| c | Recoveries of prior year grants   | 2c |              |
| d | Other (Describe in Part XIV.)   | 2d | 2,769,011.   |
| e | Add lines 2a through 2d   | 2e | 18,090,339.  |
| 3 | Subtract line 2e from line 1  | 3  | 228,487,085. |
| 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 | 73,457.      |
| b | Other (Describe in Part XIV.)   | 4b | -317,187.    |
| c | Add lines 4a and 4b   | 4c | -243,730.    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 228,243,355. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |              |
|---|--|----|--------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 226,735,876. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |              |
| a | Donated services and use of facilities   | 2a | 10,308,007.  |
| b | Prior year adjustments   | 2b |              |
| c | Other losses   | 2c |              |
| d | Other (Describe in Part XIV.)  | 2d |              |
| e | Add lines 2a through 2d  | 2e | 10,308,007.  |
| 3 | Subtract line 2e from line 1   | 3  | 216,427,869. |
| 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 | 73,457.      |
| b | Other (Describe in Part XIV.)  | 4b | -317,188.    |
| c | Add lines 4a and 4b  | 4c | -243,731.    |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 216,184,138. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: CHILDFUND HAS SEVERAL ENDOWMENTS WHICH INCLUDE ASSETS

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

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

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

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

BEYOND THE REACH OF TRADITIONAL SPONSORSHIP FUNDING.

PART X, LINE 2: ON JULY 1, 2009, CHILDFUND ADOPTED THE PROVISIONS OF

**Part XIV** Supplemental Information (continued)

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

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

EXPECTED TO BE TAKEN ON A TAX RETURN. CHILDFUND DOES NOT BELIEVE ITS

FINANCIAL STATEMENTS INCLUDE OR REFLECT ANY UNCERTAIN TAX POSITIONS. NO

PROVISION FOR INCOME TAXES HAS BEEN RECORDED FOR THE YEARS ENDED JUNE 30,

2011, 2010 AND 2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN ACCRUED BENEFIT LIABILITY 2,917,317.

CHANGE IN VALUE SPLIT INTEREST CGA -148,307.

TOTAL TO SCHEDULE D, PART XI, LINE 8 2,769,010.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE SPLIT INTEREST CGA -148,306.

CHANGE IN ACCRUED BENEFIT LIABILITY 2,917,317.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 2,769,011.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B -317,187.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B -317,188.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

|  |  |
|--|--|
| Name of the organization<br><br>CHILD FUND INTERNATIONAL USA | Employer identification number<br><br>54-0536100 |
|--|--|

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

**3 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                                   | 150  | PROGRAM SERVICES  | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,             | 12,100,221.  |
| EAST ASIA AND THE PACIFIC                               | 5                                   | 269  | PROGRAM SERVICES  | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,             | 23,375,310.  |
| NORTH AMERICA   | 1                                   | 26   | PROGRAM SERVICES  | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,             | 5,952,957.   |
| RUSSIA & THE NEWLY INDEPENDENT STATES                   | 1                                   | 7  | PROGRAM SERVICES  | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,             | 429,357.   |
| SOUTH AMERICA   | 3                                   | 125  | PROGRAM SERVICES  | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,             | 23,265,794.  |
| SOUTH ASIA  | 3                                   | 267  | PROGRAM SERVICES  | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,             | 16,247,864.  |
| SUB-SAHARAN AFRICA                                      | 14                                  | 546  | PROGRAM SERVICES  | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,             | 68,617,308.  |
| <b>3 a</b> Sub-total .....                              | 32                                  | 1390   |   |  | 149,988,811.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |   |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 32                                  | 1390   |   |  | 149,988,811.   |

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

Schedule F (Form 990) 2010

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" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

| 1<br>(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 | 981,447.                 | WIRE TRANSFER                   | 3,162.                            | EDUCATIONAL SUPPORT                    | FMV   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 3,763,331.               | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 6,413,707.               | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 2,173,757.               | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 5,196,831.               | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  | EAST ASIA AND THE PACIFIC         | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 6,938,621.               | WIRE TRANSFER                   | 29,338.                           | EDUCATIONAL SUPPLIES                   | FMV   |
|                               |  | EAST ASIA AND THE PACIFIC         | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 6,292,788.               | WIRE TRANSFER                   | 48,133.                           | HOUSEHOLD GOODS                        | FMV   |
|                               |  | EAST ASIA AND THE PACIFIC         | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 327,781.                 | WIRE TRANSFER                   | 0.                                |  |   |

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 29

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<br>(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,<br>HEALTH & SANITATION,<br>EMERGENCY RESPONSE,<br>EARLY CHILDHOOD | 834,319.                 | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | NORTH AMERICA                          | BASIC EDUCATION,<br>HEALTH & SANITATION,<br>EMERGENCY RESPONSE,<br>EARLY CHILDHOOD | 5,541,927.               | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | EUROPE (INCLUDING ICELAND & GREENLAND) | HEALTH/SOCIAL  | 429,357.                 | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SOUTH AMERICA                          | BASIC EDUCATION,<br>HEALTH & SANITATION,<br>EMERGENCY RESPONSE,<br>EARLY CHILDHOOD | 4,010,744.               | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SOUTH AMERICA                          | BASIC EDUCATION,<br>HEALTH & SANITATION,<br>EMERGENCY RESPONSE,<br>EARLY CHILDHOOD | 13,228,670.              | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SOUTH AMERICA                          | BASIC EDUCATION,<br>HEALTH & SANITATION,<br>EMERGENCY RESPONSE,<br>EARLY CHILDHOOD | 4,419,962.               | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SOUTH ASIA                             | BASIC EDUCATION,<br>HEALTH & SANITATION,<br>EMERGENCY RESPONSE,<br>EARLY CHILDHOOD | 325,492.                 | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SOUTH ASIA                             | BASIC EDUCATION,<br>HEALTH & SANITATION,<br>EMERGENCY RESPONSE,<br>EARLY CHILDHOOD | 10,523,905.              | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SOUTH ASIA                             | BASIC EDUCATION,<br>HEALTH & SANITATION,<br>EMERGENCY RESPONSE,<br>EARLY CHILDHOOD | 4,275,490.               | WIRE TRANSFER                   | 1,120.                            | EDUCATIONAL SUPPLIES                   | FMV   |

| <b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |   |                    |   |                                 |  |  |   |  |
|---|---|--------------------|---|---------------------------------|--|--|---|--|
| <b>1</b><br><b>(a)</b> Name of organization   | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region  | <b>(d)</b> Purpose of grant   | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description of non-cash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|   |   | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 2,616,975.                      | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 8,899,460.                      | WIRE TRANSFER                          | 2,633.                                   | EDUCATIONAL SUPPLIES                          | FMV  |
|   |   | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 3,840,714.                      | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 11,257,041.                     | WIRE TRANSFER                          | 1,156,545.                               | FOOD  | FMV  |
|   |   | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 13,754,644.                     | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 2,716,533.                      | WIRE TRANSFER                          | 23,266.                                  | EDUCATIONAL SUPPLIES                          | FMV  |
|   |   | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 188,978.                        | WIRE TRANSFER                          | 0.                                       |   |  |
|   |   | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 1,614,800.                      | WIRE TRANSFER                          | 90,955.                                  | EDUCATIONAL SUPPLIES                          | FMV  |
|   |   | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 7,303,563.                      | WIRE TRANSFER                          | 1,606,082.                               | FOOD  | 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<br>(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 | 1,269,118.               | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 1,303,642.               | WIRE TRANSFER                   | 0.                                |  |   |
|  |  | SUB-SAHARAN AFRICA | BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD | 6,193,007.               | WIRE TRANSFER                   | 54,622.                           | EDUCATIONAL SUPPLIES                   | FMV   |
|  |  |                    |   |                          |                                 |                                   |  |   |
|  |  |                    |   |                          |                                 |                                   |  |   |
|  |  |                    |   |                          |                                 |                                   |  |   |
|  |  |                    |   |                          |                                 |                                   |  |   |
|  |  |                    |   |                          |                                 |                                   |  |   |
|  |  |                    |   |                          |                                 |                                   |  |   |

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Region | <b>(c)</b> Number of recipients | <b>(d)</b> Amount of cash grant | <b>(e)</b> Manner of cash disbursement | <b>(f)</b> Amount of non-cash assistance | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> 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, 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) 2010

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, PART I, LINE 2: ALTHOUGH CHILD FUND DOES NOT CONSIDER ITS USE OF FUNDS BY THE OVERSEAS LOCAL COMMUNITY ORGANIZATIONS AS A USE OF GRANTS 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 OF ALL LOCAL COMMUNITY HEALTH AND EDUCATION 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 FUNDING PROJECTS WHERE SPECIFIC NEEDS HAVE BEEN IDENTIFIED. TO ENSURE THAT GRANT EXPENDITURES ARE PROPERLY ACCOUNTED FOR, CHILD FUND SUBMITS DETAILED BUDGETS FOR APPROVAL TO THE RESPECTIVE AGENCIES PRIOR TO THE START OF A GRANT. CHILD FUND HAS ALSO ESTABLISHED

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

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 DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: NORTH AMERICA

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: RUSSIA & THE NEWLY INDEPENDENT STATES

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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 DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH ASIA

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: NORTH AMERICA

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

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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 DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH AMERICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH AMERICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH AMERICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH ASIA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH ASIA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH ASIA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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 DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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 DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

SCHEDULE F PART I - INCLUDES GRANTMAKING ACTIVITY OF \$139,755,566 AND

OTHER OPERATING EXPENSES OF \$10,233,245.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization **CHILD FUND 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 - 3350 WOODVILLE DRIVE, HUNTINGTON, WV 25701   | PHONE         |  | X  | 3,504,661.                        | 307,193.  | 3,197,468.  |
| ISANDBOX - 10120 WEST BROAD STREET, STE G, GLEN ALLEN, VA | DIRECT MAIL   |  | X  | 1,905,688.                        | 62,449.   | 1,843,239.  |
| VANGROESBECK - 2124 HANOVER AVENUE, RICHMOND, VA 23220    | DIRECT MAIL   |  | X  | 1,263,249.                        | 48,000.   | 1,215,249.  |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | <b>6,673,598.</b>                 | <b>417,642.</b>   | <b>6,255,956.</b>                                 |

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         | <b>1</b> Gross receipts .....   |              |              |                  |                                 |
|                 | <b>2</b> Less: Charitable contributions .....                               |              |              |                  |                                 |
|                 | <b>3</b> Gross income (line 1 minus line 2) .....                           |              |              |                  |                                 |
| Direct Expenses | <b>4</b> Cash prizes .....  |              |              |                  |                                 |
|                 | <b>5</b> Noncash prizes .....   |              |              |                  |                                 |
|                 | <b>6</b> Rent/facility costs .....  |              |              |                  |                                 |
|                 | <b>7</b> Food and beverages .....   |              |              |                  |                                 |
|                 | <b>8</b> Entertainment .....  |              |              |                  |                                 |
|                 | <b>9</b> Other direct expenses .....  |              |              |                  |                                 |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |              |              |                  | ( )                             |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 ..... |              |              |                  |                                 |

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

|  |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|---|---|---|------------------|--|
|  |   | <b>1</b> Gross revenue .....  |   |                  |  |
| Direct Expenses  | <b>2</b> Cash prizes .....  |   |   |                  |  |
|  | <b>3</b> Noncash prizes .....                                       |   |   |                  |  |
|  | <b>4</b> Rent/facility costs .....                                  |   |   |                  |  |
|  | <b>5</b> Other direct expenses .....                                |   |   |                  |  |
| <b>6</b> Volunteer labor .....   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                  |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....     |   |   |   | ( )              |  |
| <b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 ..... |   |   |   |                  |  |

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

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, STE G, GLEN ALLEN, VA 23060

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

CHILDFUND INTERNATIONAL USA

**Employer identification number**

54-0536100

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| <b>1 (a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AVANCE RIO GRANDE VALLEY<br>1418 BEECH AVENUE STE 137<br>MCALLEN, TX 78501               | 74-1769114     | 501(C)(3)                            | 513,224.                        | 0.                                       |  |   | EDUCATION/HEALTH AND SANITATION/ECD       |
| BOYS AND GIRLS CLUB OF DELAWARE COUNTY - 508 W DIAL STREET, PO BOX 1260 - JAY, OK 74346  | 73-1214669     | 501(C)(3)                            | 75,565.                         | 0.                                       |  |   | EDUCATION/HEALTH AND SANITATION/ECD       |
| BOYS AND GIRLS CLUB OF GREEN COUNTY - 1478 SOUTH ELLIOT, PO BOX 687 - PRYOR, OK 74362    | 73-1527045     | 501(C)(3)                            | 167,729.                        | 0.                                       |  |   | EDUCATION/HEALTH AND SANITATION/ECD       |
| BOYS AND GIRLS CLUB OF SEQUOYAH COUNTY - 111 NORTH ELM, PO BOX 1028 - SALLISAW, OK 74955 | 73-1128670     | 501(C)(3)                            | 104,766.                        | 0.                                       |  |   | EDUCATION/HEALTH AND SANITATION/ECD       |
| BRICKFIRE PROJECT<br>143 WESTSIDE DRIVE<br>STARKSVILLE, MS 39759                         | 64-0712270     | 501(C)(3)                            | 133,816.                        | 0.                                       |  |   | EDUCATION/HEALTH AND SANITATION/ECD       |
| KIDS CONNECTIONS INC.<br>816 SOUTH COLLEGE AVENUE<br>TAHLEQUAH, OK 74464                 | 73-1421532     | 501(C)(3)                            | 91,982.                         | 0.                                       |  |   | EDUCATION/HEALTH AND SANITATION/ECD       |

- 2** Enter total number of section 501(c)(3) and government organizations  **12.**
- 3** Enter total number of other organizations  **0.**

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

Schedule I (Form 990) (2010)

**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 - 703 DARBY STREET, PO BOX 326 - LAMBERT, MS 38643 | 64-0849178 | 501(C)(3)                     | 48,037.                  | 0.                                |   |  | EDUCATION/HEALTH AND SANITATION/ECD |
| OPERATION SHOESTRING INC. 1711 BAILEY AVENUE, PO BOX 11223 JACKSON, MS 39283            | 64-0471554 | 501(C)(3)                     | 138,843.                 | 0.                                |   |  | EDUCATION/HEALTH AND SANITATION/ECD |
| OYATE NETWORKING MISSION OFFICE 2ND AND GRANT STREET, PO BOX 755 MISSION, SD 57555      | 46-0438929 | 501(C)(3)                     | 228,617.                 | 0.                                |   |  | EDUCATION/HEALTH AND SANITATION/ECD |
| TURTLE MT YOUTH AND FAMILY CENTER 1208 WEST MAIN AVENUE, PO BOX 669 ROLLA, ND 58367     | 45-0422420 | 501(C)(3)                     | 65,749.                  | 0.                                |   |  | EDUCATION/HEALTH AND SANITATION/ECD |
| WE CARE COMMUNITY SERVICES 909 WALNUT STREET, PO BOX 767 VICKSBURG, MS 39180            | 51-0188737 | 501(C)(3)                     | 64,630.                  | 0.                                |   |  | EDUCATION/HEALTH AND SANITATION/ECD |
| YOUTH DEVELOPMENT PROGRAM 2430 GNUGNUSKA DRIVE RAPID CITY, SD 57701                     | 46-0405997 | 501(C)(3)                     | 155,284.                 | 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.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALTHOUGH CHILDFUND DOES NOT CONSIDER ITS USE OF FUNDS BY DOMESTIC LOCAL COMMUNITY ORGANIZATIONS AS A USE OF GRANTS COMING FROM THE ORGANIZATION, INTERNAL CONTROLS HAVE BEEN ESTABLISHED TO ENSURE THAT THE FINANCIAL ASSISTANCE PROVIDED IS USED FOR CHILDFUND'S EXEMPT PURPOSE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

**Part I Questions Regarding Compensation**

|  | Yes | No |
|--|-----|----|
| <p><b>1a</b> 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<br/> <input checked="" type="checkbox"/> Travel for companions<br/> <input checked="" type="checkbox"/> Tax indemnification and gross-up payments<br/> <input type="checkbox"/> Discretionary spending account                 </p> <p> <input checked="" type="checkbox"/> Housing allowance or residence for personal use<br/> <input type="checkbox"/> Payments for business use of personal residence<br/> <input type="checkbox"/> Health or social club dues or initiation fees<br/> <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p> |     |    |
| <p><b>b</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><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>   | X   |    |
| <p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee<br/> <input type="checkbox"/> Independent compensation consultant<br/> <input type="checkbox"/> Form 990 of other organizations                 </p> <p> <input type="checkbox"/> Written employment contract<br/> <input checked="" type="checkbox"/> Compensation survey or study<br/> <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>  |     |    |
| <p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> 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><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>  |     |    |
| <p><b>5</b> 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><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>   |     |    |
|  |     | X  |
|  |     | X  |
| <p><b>6</b> 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><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>   |     |    |
|  |     | X  |
|  |     | X  |
| <p><b>7</b> 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><b>8</b> 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><b>9</b> 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) 2010

**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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name            |      | (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 in prior Form 990 or Form 990-EZ |
|---------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                     |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 ANNE GODDARD      | (i)  | 259,484.   | 0.                                  | 0.                                  | 23,760.  | 13,768.                 | 297,012.                        | 0.   |
|                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 2 JAMES TUIITE      | (i)  | 192,489.   | 0.                                  | 0.                                  | 17,954.  | 14,532.                 | 224,975.                        | 0.   |
|                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 3 ISAM GHANIM       | (i)  | 181,090.   | 0.                                  | 148,499.                            | 13,637.  | 9,582.                  | 352,808.                        | 0.   |
|                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 4 MICHAEL PRESSENDO | (i)  | 186,308.   | 0.                                  | 0.                                  | 13,812.  | 12,048.                 | 212,168.                        | 0.   |
|                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 5 DIANE WILLIS      | (i)  | 173,361.   | 0.                                  | 0.                                  | 12,375.  | 8,174.                  | 193,910.                        | 0.   |
|                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 6 CHERI DAHL        | (i)  | 173,224.   | 0.                                  | 0.                                  | 16,631.  | 11,689.                 | 201,544.                        | 0.   |
|                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 7 CHARLES DAVY      | (i)  | 154,210.   | 0.                                  | 0.                                  | 0.   | 7,187.                  | 161,397.                        | 0.   |
|                     | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.   |
| 8                   | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                     | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 9                   | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                     | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 10                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                     | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 11                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                     | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 12                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                     | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 13                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                     | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 14                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                     | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 15                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                     | (ii) |  |                                     |                                     |  |                         |                                 |  |
| 16                  | (i)  |  |                                     |                                     |  |                         |                                 |  |
|                     | (ii) |  |                                     |                                     |  |                         |                                 |  |



**Part III Supplemental Information**

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

PART I, LINE 1A: EXPATRIATE KEY EMPLOYEES MAY BE PROVIDED WITH A

HOUSING ALLOWANCE, TAX INDEMNIFICATION, AND TRAVEL FOR COMPANIONS FOR HOME

LEAVE ONLY. THESE BENEFITS ARE SPECIFIED IN INDIVIDUAL CONTRACTS AND

INCLUDED IN TAXABLE COMPENSATION.

PART I, LINE 1B: CHILDFUND INTERNATIONAL HAS WRITTEN EXPATRIATE

POLICIES ADDRESSING HOUSING ALLOWANCES AND TRAVEL FOR COMPANIONS. A

WRITTEN POLICY FOR TAX INDEMNIFICATION WILL BE IMPLEMENTED FOR THE FISCAL

YEAR ENDING 06/30/12.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**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.**

|   |   |
|---|---|
| Name of the organization<br><p style="text-align: center;">CHILD FUND INTERNATIONAL USA</p> | Employer identification number<br><p style="text-align: center;">54-0536100</p> |
|---|---|

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art .....  |                               |   |  |  |
| 2 Art - Historical treasures .....                                    |                               |   |  |  |
| 3 Art - Fractional interests .....                                    |                               |   |  |  |
| 4 Books and publications .....  |                               |   |  |  |
| 5 Clothing and household goods .....                                  | X                             |   | 1,398,951.   | 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<br>trust interests .....         |                               |   |  |  |
| 12 Securities - Miscellaneous .....                                   |                               |   |  |  |
| 13 Qualified conservation contribution -<br>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 .....                                   |                               |   |  |  |
| 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 ..... | <b>29</b> |  |
|---|-----------|--|

|   |            | 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? ..... | <b>30a</b> |     | 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? .....  | <b>31</b>  | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  | <b>32a</b> |     | 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.  |            |     |    |

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

|  |  |
|--|--|
| Name of the organization<br>CHILD FUND INTERNATIONAL USA | Employer identification number<br>54-0536100 |
|--|--|

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

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 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 AN ESTIMATED 15.2 MILLION INFANTS, CHILDREN, YOUTH AND  
PARENTS PER YEAR: 2.8 MILLION ENROLLED CHILDREN AND YOUTH ENROLLED IN  
SPONSORSHIP PROGRAMS, INCLUDING THEIR FAMILIES; 3.8 MILLION  
NON-ENROLLED CHILDREN BENEFICIARIES IN COMMUNITIES SERVED BY CHILD FUND,  
AND ALMOST 8.6 MILLION WHO BENEFITED FROM GRANT AND OTHER DONOR FUNDED  
COMMUNITY AND EMERGENCY PROGRAMS (MOSTLY OUTSIDE OF SPONSORSHIP AREAS).

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, PREPARATION FOR  
EMPLOYMENT, GUIDANCE ON BUSINESS DEVELOPMENT, LEADERSHIP DEVELOPMENT  
AND CIVIC ENGAGEMENT.

EXPENSES \$ 15,930,873. INCL GRANTS OF \$ 11,723,197. REVENUE \$ 129,983.

|  |  |
|--|--|
| Name of the organization<br>CHILD FUND INTERNATIONAL USA | Employer identification number<br>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 \$ 14,632,757. INCL GRANTS OF \$ 11,771,286. REVENUE \$ 119,391.

EMERGENCY RESPONSE: DURING THE FISCAL PERIOD CHILD FUND PROVIDED AID AND

ASSISTANCE TO NUMEROUS VICTIMS OF DISASTER AND HUMANITARIAN CRISIS,

INCLUDING A CONTINUED RESPONSE IN HAITI, AND A RESPONSE TO THE CRISIS

IN THE HORN OF AFRICA.

EXPENSES \$ 10,352,991. INCL GRANTS OF \$ 8,368,419. REVENUE \$ 84,471.

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

AFGHANISTAN, ANGOLA, BOLIVIA, BELARUS,

BRAZIL, CHAD, 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: THE FORM 990 IS REVIEWED BY OUR

CONTROLLER, CFO, MEMBER OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT TAX

CONSULTANT.

|  |  |
|--|--|
| Name of the organization<br>CHILD FUND INTERNATIONAL USA | Employer identification number<br>54-0536100 |
|--|--|

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS, PRESIDENT, AND VICE PRESIDENTS ARE REQUIRED TO ANNUALLY REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE STATEMENT. THE STATEMENT REQUIRES DISCLOSURE OF ANY RELATIONSHIP OR ACTIVITY WHICH MAY CONSTITUTE A CONFLICT OF INTEREST. BOARD MEMBERS ARE ALSO REQUIRED TO PROMPTLY UPDATE THEIR DISCLOSURE STATEMENT WITH NEW RELATIONSHIPS OR ACTIVITIES WHICH MAY CONSTITUTE A CONFLICT OF INTEREST. DISCLOSURES MADE ARE REVIEWED BY THE FULL BOARD OF DIRECTORS IN CONSULTATION WITH THE ASSURANCE 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: CHILD FUND PROVIDED EXTERNAL MARKET DATA FOR COMPENSATION BENCHMARKS TO THE BOARD COMPENSATION COMMITTEE FOR REVIEW FOR THE CEO IN THE RICHMOND, VA OFFICE. 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

FORM 990, PART VI, SECTION C, LINE 19: CHILD FUND INTERNATIONAL'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH POSTING ON THE ORGANIZATION'S WEBSITE AT WWW.CHILDFUND.ORG. THE ORGANIZATION'S

|  |  |
|--|--|
| Name of the organization<br>CHILD FUND INTERNATIONAL USA | Employer identification number<br>54-0536100 |
|--|--|

CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

|                                      |            |
|--------------------------------------|------------|
| NET UNREALIZED GAINS ON INVESTMENTS: | 5,013,321. |
| CHANGE IN ACCRUED BENEFIT LIABILITY  | 2,917,317. |
| CHANGE IN VALUE SPLIT INTEREST CGA   | -148,307.  |
| TOTAL TO FORM 990, PART XI, LINE 5   | 7,782,331. |

FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

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

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