

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

**2012**

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 **2012** calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CHILD FUND INTERNATIONAL USA		<b>D</b> Employer identification number 54-0536100
	Doing Business As		<b>E</b> Telephone number (804) 756-2700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 244,099,085.
	2821 EMERYWOOD PKWY		
	City, town, or post office, state, and ZIP code RICHMOND, VA 23294-3726		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: ANNE LYNAM GODDARD SAME AS C ABOVE		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number
<b>J</b> Website: HTTP://WWW.CHILDFUND.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1938	<b>M</b> State of legal domicile: VA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 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>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	250	
	6	Total number of volunteers (estimate if necessary)	187	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-69,532.	
	b Net unrelated business taxable income from Form 990-T, line 34	-69,532.		
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	226,340,139.	233,739,486.
	9	Program service revenue (Part VIII, line 2g)	1,463,479.	1,462,460.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,443,876.	2,823,019.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	750,806.	527,787.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,998,300.	238,552,752.	
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	146,993,473.	158,324,358.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,731,459.	35,731,336.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,410,070.	5,483,405.
		b Total fundraising expenses (Part IX, column (D), line 25)	27,435,228.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,321,080.	39,758,016.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	226,456,082.	239,297,115.
19	Revenue less expenses. Subtract line 18 from line 12	3,542,218.	-744,363.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	105,002,905.	106,151,696.
	21	Total liabilities (Part X, line 26)	27,203,970.	24,183,085.
22	Net assets or fund balances. Subtract line 21 from line 20	77,798,935.	81,968,611.	

**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 YONG ZHANG, CPA	Preparer's signature <i>Yong Zhang</i>	Date 02/14/14
	Firm's name MCGLADREY LLP	Firm's EIN 42-0714325	Check if self-employed <input type="checkbox"/> PTIN P01249785
	Firm's address 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 75,940,660. including grants of \$ 62,204,074. ) (Revenue \$ 574,586. ) BASIC EDUCATION: CHILDFUND'S EDUCATIONAL PROGRAMS WORK WITH EDUCATORS, COMMUNITY GROUPS, PARENTS, CHILDREN AND YOUNG ADOLESCENTS TOWARDS THE GOAL OF COMPLETING BASIC EDUCATION AND ACHIEVING POSITIVE LEARNING OUTCOMES THROUGH ACTIVITIES FOCUSED ON IMPROVING SCHOOL INFRASTRUCTURE, TEACHING METHODOLOGIES, ACCESS TO TEACHING AND LEARNING MATERIALS AND CREATING SAFE LEARNING ENVIRONMENTS, AS WELL AS INFLUENCING POLICY TO ENHANCE STUDENT ACCESS, RETENTION, AND SAFETY.

4b (Code: ) (Expenses \$ 40,950,718. including grants of \$ 33,543,315. ) (Revenue \$ 309,843. ) HEALTH & SANITATION: WHAT HAPPENS IN THE FIRST YEARS OF LIFE PROVIDES THE FOUNDATION UPON WHICH CHILD GROWS AND DEVELOPS. CORE PROGRAMS ADDRESS SAFE MOTHERHOOD AND NEWBORN CARE, INTEGRATED EARLY CHILDHOOD DEVELOPMENT, IMMUNIZATION, GROWTH MONITORING PROMOTION, INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES, HYGIENE, NUTRITION AND SANITATION AS WELL AS SEXUAL AND REPRODUCTIVE HEALTH AND EDUCATION.

4c (Code: ) (Expenses \$ 22,823,961. including grants of \$ 18,695,431. ) (Revenue \$ 172,692. ) MICRO-ENTERPRISE DEVELOPMENT: MICRO-ENTERPRISE DEVELOPMENT PROGRAMMING STRIVES TO INCREASE FAMILY INCOME AS A MEANS OF STRENGTHENING PARENTS' ABILITY TO MEET THE NEEDS OF THEIR CHILDREN AND TO HELP YOUTH GAIN THE NEEDED SKILLS TO BECOME EMPLOYED. THE PROGRAMMING FOCUSES ON SUPPORT AND DELIVERY OF MICROFINANCE, BUSINESS DEVELOPMENT, WORK READINESS, AND TECHNICAL SKILLS WITH AN INTEGRATED COMPONENT OF LIFE SKILLS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 53,571,938. including grants of \$ 43,881,538. ) (Revenue \$ 405,339. )

4e Total program service expenses 193,287,277.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<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> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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 hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

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

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

**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 ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>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>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		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>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete 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>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JAMES TUITE - 804-756-2700**  
**2821 EMERYWOOD PKWY, RICHMOND, VA 23294-3726**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A HUGH EWING III DIRECTOR	2.00	X						0.	0.	0.
(2) ROGER GREGORY DIRECTOR	2.00	X						0.	0.	0.
(3) MARILYN GRIST DIRECTOR	2.00	X						0.	0.	0.
(4) SARAH HANSON DIRECTOR	2.00	X						0.	0.	0.
(5) BARBARA JOYNES DIRECTOR	2.00	X						0.	0.	0.
(6) DARRELL MARTIN DIRECTOR	2.00	X						0.	0.	0.
(7) MAUREEN DENLEA-MASSEY DIRECTOR	2.00	X						0.	0.	0.
(8) JOHN PURNELL JR DIRECTOR	2.00	X						0.	0.	0.
(9) THOMAS WEISNER DIRECTOR	2.00	X						0.	0.	0.
(10) BRIAN WILCOX DIRECTOR	2.00	X						0.	0.	0.
(11) NANCY HILL DIRECTOR	2.00	X						0.	0.	0.
(12) PAUL HIRSCHBIEL DIRECTOR	2.00	X						0.	0.	0.
(13) AUSTIN BROCKENBROUGH IV DIRECTOR	2.00	X						0.	0.	0.
(14) JOHN LEWIS DIRECTOR	2.00	X						0.	0.	0.
(15) JESUS AMADEO DIRECTOR	2.00	X						0.	0.	0.
(16) JANE BROWN DIRECTOR	2.00	X						0.	0.	0.
(17) THOMAS DELINE DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARI RODRIGUEZ HEFKE DIRECTOR	2.00	X					0.	0.	0.	
(19) THOMAS SNEAD DIRECTOR	2.00	X					0.	0.	0.	
(20) DANIEL SILVA-JAUREGUI DIRECTOR	2.00	X					0.	0.	0.	
(21) ANNE GODDARD PRESIDENT	40.00			X			286,852.	0.	46,359.	
(22) JAMES TUITE VICE PRESIDENT/CFO	40.00			X			198,915.	0.	37,036.	
(23) ISAM GHANIM EXECUTIVE VICE PRESIDENT	40.00				X		315,563.	0.	25,534.	
(24) STEVEN STIRLING EXECUTIVE VICE PRESIDENT	40.00				X		197,201.	0.	34,217.	
(25) JUMBE SUBUNYA REGIONAL DIRECTOR	40.00					X	209,712.	0.	43,595.	
(26) GEOFFREY PETKOVICH REGIONAL DIRECTOR	40.00					X	189,779.	0.	24,897.	
<b>1b Sub-total</b>							1,398,022.	0.	211,638.	
<b>c Total from continuation sheets to Part VII, Section A</b>							510,807.	0.	71,314.	
<b>d Total (add lines 1b and 1c)</b>							1,908,829.	0.	282,952.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 21

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INTEGRATED MEDIA SOLUTIONS, 650 5TH AVENUE 35TH FLOOR, NEW YORK, NY 10019	MEDIA/ADVERTISING	5,940,514.
PUBLIC OUTREACH, 179 JOHN ST, STE 301A, TORONTO, ONTARIO, CANADA MST 1X4	ADVERTISING-IN PERSON	2,886,504.
APPCO 30 WEST 21 ST, LEVEL 6, NEW YORK, NY 10010	ADVERTISING-IN PERSON	1,543,797.
ISANDBOX, 10120 WEST BROAD ST, SUITE G, GLEN ALLEN, VA 23060	MEDIA/ADVERTISING	1,489,408.
FUNDRAISING INITIATIVES, 489 QUEEN ST E, STE 301, TORONTO, ONTARIO, CANADA M5A 1V1	ADVERTISING-IN PERSON	937,926.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 36

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHERI DAHL VICE PRESIDENT	40.00					X		181,654.	0.	34,150.
(28) SCOTT LEMLER VICE PRESIDENT	40.00					X		167,382.	0.	29,071.
(29) PAUL BODE REGIONAL DIRECTOR	40.00					X		161,771.	0.	8,093.
Total to Part VII, Section A, line 1c .....								510,807.		71,314.

**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 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> 16,543,655.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 217,195,831.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	12,982,821.				
	<b>h Total.</b> Add lines 1a-1f	▶ 233,739,486.				
	<b>Program Service Revenue</b>	<b>2 a</b> CHILDFUND ALLIANCE MAI	Business Code 900099	1,462,460.	1,462,460.	
<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		▶ 1,462,460.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶ 1,897,139.		-69,532.	1,966,671.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross rents	(i) Real	557,240.			
		(ii) Personal				
		<b>b</b> Less: rental expenses	141,732.			
		<b>c</b> Rental income or (loss)	415,508.			
	<b>d</b> Net rental income or (loss)	▶ 415,508.			415,508.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	6,002,158.			
		(ii) Other	328,323.			
		<b>b</b> Less: cost or other basis and sales expenses	5,321,619.	82,982.		
		<b>c</b> Gain or (loss)	680,539.	245,341.		
	<b>d</b> Net gain or (loss)	▶ 925,880.			925,880.	
	<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	▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> MISC. INCOME	900099	112,279.			112,279.	
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	▶ 112,279.					
<b>12 Total revenue.</b> See instructions.	▶ 238,552,752.	1,462,460.	-69,532.	3,420,338.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,979,822.	1,979,822.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	156,344,536.	156,344,536.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,193,868.	371,959.	821,909.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	27,774,655.	17,825,220.	5,876,049.	4,073,386.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,054,796.	754,095.	1,124,439.	176,262.
<b>9</b> Other employee benefits	2,332,523.	1,287,473.	707,127.	337,923.
<b>10</b> Payroll taxes	2,375,494.	1,529,182.	528,815.	317,497.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	407,762.	198,696.	143,094.	65,972.
<b>c</b> Accounting	1,246,567.	823,333.	396,584.	26,650.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	5,483,405.			5,483,405.
<b>f</b> Investment management fees	61,005.		61,005.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	5,045,706.	1,814,862.	1,343,348.	1,887,496.
<b>12</b> Advertising and promotion	12,016,036.	114,058.	208,316.	11,693,662.
<b>13</b> Office expenses	6,193,604.	2,349,385.	2,923,732.	920,487.
<b>14</b> Information technology	3,042,307.	945,539.	2,026,947.	69,821.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,801,349.	1,531,325.	100,735.	169,289.
<b>17</b> Travel	3,096,360.	2,086,341.	459,631.	550,388.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,609,902.	1,244,106.	203,163.	162,633.
<b>20</b> Interest	58.		58.	
<b>21</b> Payments to affiliates	364,429.		364,429.	
<b>22</b> Depreciation, depletion, and amortization	2,143,454.	1,111,878.	779,573.	252,003.
<b>23</b> Insurance	27,158.	18,036.	4,967.	4,155.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER EXPENSES	2,702,319.	957,431.	500,689.	1,244,199.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	239,297,115.	193,287,277.	18,574,610.	27,435,228.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	20,098,673.	<b>1</b>	10,069,797.
	<b>2</b> Savings and temporary cash investments .....	12,536,592.	<b>2</b>	7,555,697.
	<b>3</b> Pledges and grants receivable, net .....	3,452,194.	<b>3</b>	2,079,549.
	<b>4</b> Accounts receivable, net .....	3,076,436.	<b>4</b>	4,682,716.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,440,994.	<b>8</b>	2,139,946.
	<b>9</b> Prepaid expenses and deferred charges .....	3,574,332.	<b>9</b>	3,004,909.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 41,162,598.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 26,528,402.	13,585,143.	<b>10c</b> 14,634,196.
	<b>11</b> Investments - publicly traded securities .....	28,179,187.	<b>11</b>	41,458,834.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,466,588.	<b>12</b>	7,405,906.
	<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 .....	12,592,766.	<b>15</b>	13,120,146.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	105,002,905.	<b>16</b>	106,151,696.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	11,204,249.	<b>17</b>	11,781,822.
	<b>18</b> Grants payable .....	6,494,239.	<b>18</b>	5,924,158.
	<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> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,505,482.	<b>25</b>	6,477,105.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	27,203,970.	<b>26</b>	24,183,085.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	23,780,994.	<b>27</b>	25,335,354.
	<b>28</b> Temporarily restricted net assets .....	36,217,951.	<b>28</b>	38,662,678.
	<b>29</b> Permanently restricted net assets .....	17,799,990.	<b>29</b>	17,970,579.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	77,798,935.	<b>33</b>	81,968,611.	
<b>34</b> Total liabilities and net assets/fund balances .....	105,002,905.	<b>34</b>	106,151,696.	

**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>	238,552,752.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	239,297,115.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-744,363.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	77,798,935.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,407,300.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	2,506,739.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	81,968,611.

**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 _____ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<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	

**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

**2012**

Open to Public Inspection

<b>Name of the organization</b> CHILD FUND INTERNATIONAL USA	<b>Employer identification number</b> 54-0536100
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

	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? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
  - h Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	216,130,540.	212,431,296.	223,284,175.	226,340,139.	233,739,486.	1111925636.
<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 .....	216,130,540.	212,431,296.	223,284,175.	226,340,139.	233,739,486.	1111925636.
<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.						1111925636.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	216,130,540.	212,431,296.	223,284,175.	226,340,139.	233,739,486.	1111925636.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	633,204.	2,061,392.	2,373,177.	1,601,519.	2,454,379.	9,123,671.
<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.) .....	349,747.	288,436.	115,966.	198,054.	112,279.	1,064,482.
<b>11 Total support.</b> Add lines 7 through 10						1122113789.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,998,400.
<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 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.09 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	99.42 %
<b>16a 33 1/3% support test - 2012.</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 - 2011.</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 - 2012.</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 - 2011.</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"/>

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

**2012**

**Name of the organization**

CHILDFUND INTERNATIONAL USA

**Employer identification number**

54-0536100

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, 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) (2012)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 19,567,642.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/>	\$ 16,543,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/>	\$ 10,109,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/>	\$ 8,478,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/>	\$ 6,355,071.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/>	\$ 5,508,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 7,445,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	SHOES _____ _____ _____	\$ 9,918,976.	09/16/12
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  CHILD FUND INTERNATIONAL USA	Employer identification number  54-0536100
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

**Name of the organization**

CHILDFUND INTERNATIONAL USA

**Employer identification number**

54-0536100

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,250,600.	11,430,147.	10,025,252.	9,209,765.	11,205,152.
b Contributions	3,383.	140,370.	136,071.	67,587.	367,931.
c Net investment earnings, gains, and losses	976,479.	-57,944.	1,556,533.	888,516.	-1,948,338.
d Grants or scholarships					
e Other expenditures for facilities and programs	62,113.	242,099.	262,154.	120,161.	396,560.
f Administrative expenses	20,631.	19,874.	25,555.	20,455.	18,420.
g End of year balance	12,147,718.	11,250,600.	11,430,147.	10,025,252.	9,209,765.

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

- a Board designated or quasi-endowment  26.30 %
- b Permanent endowment  67.18 %
- c Temporarily restricted endowment  6.52 %

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,146,128.		1,146,128.
b Buildings		15,817,074.	7,853,772.	7,963,302.
c Leasehold improvements		152,681.	152,681.	0.
d Equipment		13,962,857.	11,778,436.	2,184,421.
e Other		10,083,858.	6,743,513.	3,340,345.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,634,196.



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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) REAL ESTATE INVESTMENT TRUST	1,585,993.	COST
(B) FUNDS OF FUNDS	5,819,913.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,405,906.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: 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	13,046,636.
(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.)	13,120,146.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED BENEFIT LIABILITY	6,477,105.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,477,105.

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	258,077,199.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	2,407,300.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	14,529,681.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,506,739.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	19,443,720.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	238,633,479.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	61,005.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-141,732.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-80,727.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	238,552,752.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	253,907,523.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	14,529,681.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	14,529,681.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	239,377,842.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	61,005.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-141,732.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-80,727.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	239,297,115.

**Part XIII 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, lines 2d and 4b; and Part XII, 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 XIII** 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,

2012, 2011 AND 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE SPLIT INTEREST CGA -126,567.

CHANGE IN ACCRUED BENEFIT LIABILITY 2,633,306.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 2,506,739.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B -141,732.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B -141,732.

**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

**2012**

Open to Public  
Inspection

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

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 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	167	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITAT RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	15,575,752.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENT		3,854,732.
EAST ASIA AND THE PACIFIC	5	265	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITAT RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	31,386,730.
NORTH AMERICA	1	19	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITAT RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	7,272,144.
RUSSIA & THE NEWLY INDEPENDENT STATES	1	16	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITAT RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	991,646.
SOUTH AMERICA	3	116	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITAT RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	23,430,393.
SOUTH ASIA	3	160	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITAT RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	16,648,276.
SUB-SAHARAN AFRICA	14	776	PROGRAM SERVICES	BASIC EDUCATION, HEALTH/SANITAT RESPONSE, EARLY CHILDHOOD EDUCATION, MED, NUTRITION	88,877,351.
<b>3 a</b> Sub-total .....	32	1519			188,037,024.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	32	1519			188,037,024.

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

Schedule F (Form 990) 2012

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	1,079,495.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	3,844,241.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	6,686,316.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	8,770,904.	WIRE TRANSFER	132,030.	EDUCATIONAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	5,212,014.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	6,485,846.	WIRE TRANSFER	170.	EDUCATIONAL SUPPLIES	FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	3,102,911.	WIRE TRANSFER	418,003.	SHOES	DISCOUNTED FMV
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	988,079.	WIRE TRANSFER	411,349.	SHOES	DISCOUNTED FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 30

3 Enter total number of other organizations or entities ..... 30

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	626,639.	WIRE TRANSFER	0.		
		NORTH AMERICA	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	5,485,468.	WIRE TRANSFER	0.		
		RUSSIA & THE NEWLY INDEPENDENT STATES	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	611,127.	WIRE TRANSFER	360,702.	WINTER BOOTS	DISCOUNTED FMV
		SOUTH AMERICA	BASIC EDUCATION, HEALTH/SANI RESPONSE, EARLY CHILDHOOD	11,171,119.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	4,176,115.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	4,705,096.	WIRE TRANSFER	0.		
		SOUTH ASIA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	9,613,246.	WIRE TRANSFER	0.		
		SOUTH ASIA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	4,111,351.	WIRE TRANSFER	13,199.	EDUCATIONAL SUPPLIES	FMV
		SOUTH ASIA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	566,558.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	3,030,845.	WIRE TRANSFER	1,512,672.	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	6,248,273.	WIRE TRANSFER	943,881.	SHOES, HOUSEHOLD GOODS	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	8,338,252.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	13,524,423.	WIRE TRANSFER	1,576,218.	FOOD	FMV
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	13,169,874.	WIRE TRANSFER	2,678,067.	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	8,260,678.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	165,078.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	1,653,285.	WIRE TRANSFER	427,500.	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	6,984,238.	WIRE TRANSFER	2,841,769.	SHOES, 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 (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	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	1,319,513.	WIRE TRANSFER	354,293.	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	1,348,892.	WIRE TRANSFER	1,614,015.	SHOES	DISCOUNTED FMV
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	83,504.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EDUCATION, HEALTH&SANI RESPONSE, EARLY CHILDHOOD ED, MED, NUTRITION	1,697,291.	WIRE TRANSFER	0.		





**Part IV Foreign Forms**

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

Schedule F (Form 990) 2012

**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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: ALTHOUGH CHILD FUND DOES NOT CONSIDER ITS USE OF FUNDS BY THE OVERSEAS LOCAL COMMUNITY ORGANIZATIONS AS A USE OF GRANT FUNDS COMING FROM THE ORGANIZATION, INTERNAL CONTROLS HAVE BEEN ESTABLISHED TO ENSURE THAT THE FINANCIAL ASSISTANCE PROVIDED IS USED FOR CHILD FUND'S TAX-EXEMPT PURPOSE. EACH COMMUNITY ORGANIZATION IS CHOSEN FOR PARTNERSHIP BASED ON ITS INTEGRITY AND ABILITY TO CARRY OUT CHILD FUND'S MISSION IN THE PROJECT AREAS. THESE PARTNER ORGANIZATIONS MUST UNDERGO A THOROUGH SCREENING PROCESS TO ENSURE THAT THEY ARE LEGITIMATE, DEMONSTRATE GOOD GOVERNANCE, AND ARE VIABLE TO HELP MEET REGULATORY REQUIREMENTS. IN ADDITION TO FINANCIAL SUPPORT, CHILD FUND PROVIDES TECHNICAL ASSISTANCE AND OVERSIGHT TO THE ORGANIZATIONS TO HELP BUILD CAPACITY FOR ALL LOCAL PROGRAM ACTIVITIES. ADDITIONAL CONTROLS ARE ESTABLISHED FOR THE FLOW OF FUNDS. BANKING RELATIONSHIPS IN EACH LOCAL COMMUNITY ARE ESTABLISHED AND MANAGED BY THE CORPORATE OFFICE IN RICHMOND, VIRGINIA. NO LOCAL SIGNATORIES ARE PERMITTED ON ANY OF THE OVERSEAS TRANSMITTAL ACCOUNTS. ALL WIRE TRANSFERS OF FUNDS TO THE LOCAL COMMUNITY BANKS MUST BE APPROVED BY THE CORPORATE OFFICE, AS WELL AS ANY DISBURSEMENTS OF FUNDS FOR THE PROGRAM RELATED EXPENDITURES. THE LOCAL ORGANIZATION MUST PROVIDE AN ACCOUNTING OF ITS USE OF FUNDS BY SUBMITTING MONTHLY FINANCIAL REPORTS TO THE NATIONAL OFFICE. ANNUAL AUDITS ARE ALSO REQUIRED FOR ALL LOCAL COMMUNITY PROJECTS AND PROGRAMS TO PROVIDE ASSURANCE AND ACCEPTANCE BY ANY LEGAL, GOVERNMENTAL OR PROFESSIONAL BODY. CHILD FUND ALSO OPERATES AS A PASS THROUGH ENTITY FOR CERTAIN U.S. GOVERNMENT GRANT FUNDED PROJECTS WHERE SPECIFIC NEEDS HAVE BEEN IDENTIFIED. CHILD FUND SUBMITS DETAILED BUDGETS FOR APPROVAL TO THE RESPECTIVE AGENCIES PRIOR TO THE START OF A GRANT IN ORDER TO ENSURE THAT GRANT EXPENDITURES ARE ACCOUNTED FOR PROPERLY. CHILD FUND HAS ALSO

**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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

ESTABLISHED PROCEDURES FOR ALL SUB-RECIPIENTS TO MONITOR EXPENSES,  
PROGRAM QUALITY, AND COMPLIANCE. STAFF MEMBERS RESPONSIBLE FOR  
IMPLEMENTATION ARE REQUIRED TO COMPLETE NECESSARY EDUCATION REQUIREMENTS  
AND HAVE A WORKING KNOWLEDGE OF OMB CIRCULAR A-122.7. PROFESSIONAL AUDITS  
ARE CONDUCTED ANNUALLY FOR ALL GRANT RELATED ACTIVITIES.

PART II, COLUMN (D):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

**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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: 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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: RUSSIA & THE NEWLY INDEPENDENT STATES

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

REGION: SOUTH AMERICA

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

RESPONSE, EARLY CHILDHOOD

EDUCATION, MED, NUTRITION

**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

**2012**

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			
ISANDBOX - 10120 WEST BROAD STREET, STE G, GLEN ALLEN, VA	DIRECT MAIL		X	5,021,545.	358,093.	4,663,452.
INFOCISION - 325 SPRINGSIDE DRIVE, AKRON, OH 44333	PHONE		X	4,059,046.	124,783.	3,934,263.
FUNDRAISING INITIATIVES INC - 489 QUEEN ST E, STE 301,	IN PERSON		X	1,401,553.	1,068,554.	332,999.
PUBLIC OUTREACH FUNDRAISING LLC - 1511 3RD AVENUE SUITE	IN PERSON		X	1,327,747.	2,407,579.	-1,079,832.
APPCO GROUP - 30 WEST 21 STREET, LEVEL 6, NEW YORK, NY	IN PERSON		X	1,074,760.	1,185,470.	-110,710.
DONORWORX INC - 191 POST ROAD WEST, WESTPORT, CT 06880	IN PERSON		X	80,996.	214,426.	-133,430.
CRAVER MATHEW SMITH AND COMPANY - 1900 CAMPUS COMMONS	DIRECT MAIL		X	1,002.	124,500.	-123,498.
<b>Total</b>				12,966,649.	5,483,405.	7,483,244.

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: 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 _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. 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

(I) NAME OF FUNDRAISER: FUNDRAISING INITIATIVES INC

(I) ADDRESS OF FUNDRAISER:

489 QUEEN ST E, STE 301, TORONTO, CANADA M5A 1V1

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: PUBLIC OUTREACH FUNDRAISING LLC

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

(I) NAME OF FUNDRAISER: APPCO GROUP

(I) ADDRESS OF FUNDRAISER: 30 WEST 21 STREET, LEVEL 6, NEW YORK, NY 10010

(I) NAME OF FUNDRAISER: CRAVER MATHEW SMITH AND COMPANY

(I) ADDRESS OF FUNDRAISER:

1900 CAMPUS COMMONS DRIVE, STE 450, RESTON, VA 20191

**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

**2012**

**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. 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 1418 BEECH AVENUE STE 137 MCALLEN, TX 78501	74-1769114	501(C)(3)	493,435.	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)	69,503.	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)	104,855.	0.			EDUCATION/HEALTH AND SANITATION/ECD
BRICKFIRE PROJECT 143 WESTSIDE DRIVE STARKSVILLE, MS 39759	64-0712270	501(C)(3)	127,701.	0.			EDUCATION/HEALTH AND SANITATION/ECD
KID CONNECTIONS INC. 816 SOUTH COLLEGE AVENUE TAHLEQUAH, OK 74464	73-1421532	501(C)(3)	80,850.	0.			EDUCATION/HEALTH AND SANITATION/ECD
NORTH DELTA YOUTH DEVELOPMENT CENTER - 703 DARBY STREET, PO BOX 326 - LAMBERT, MS 38643	64-0849178	501(C)(3)	64,645.	0.			EDUCATION/HEALTH AND SANITATION/ECD

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 12.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2012)

**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
OPERATION SHOESTRING 1711 BAILEY AVENUE, PO BOX 11223 JACKSON, MS 39283	64-0471554	501(C)(3)	152,307.	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)	210,003.	0.			EDUCATION/HEALTH AND SANITATION/ECD
TURTLE MOUNTAIN YOUTH & FAMILY 1208 WEST MAIN AVENUE, PO BOX 669 ROLLA, ND 58367	45-0422420	501(C)(3)	55,206.	0.			EDUCATION/HEALTH AND SANITATION/ECD
WE CARE COMMUNITY SERVICES 909 WALNUT STREET, PO BOX 767 VICKSBURG, MS 39180	51-0188737	501(C)(3)	58,835.	0.			EDUCATION/HEALTH AND SANITATION/ECD
BOYS AND GIRLS CLUB OF NW MISSISSIPPI - 630 HIGHWAY 51 SOUTH - BATESVILLE, MS 38606	64-0880602	501(C)(3)	18,519.	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, Part III, column (b), and any other additional information.

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



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNE GODDARD PRESIDENT	(i)	286,852.	0.	0.	26,201.	20,158.	333,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES TUIITE VICE PRESIDENT/CFO	(i)	198,915.	0.	0.	18,588.	18,448.	235,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ISAM GHANIM EXECUTIVE VICE PRESIDENT	(i)	199,043.	0.	116,520.	14,484.	11,050.	341,097.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEVEN STIRLING EXECUTIVE VICE PRESIDENT	(i)	197,201.	0.	0.	18,270.	15,947.	231,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JUMBE SUBUNYA REGIONAL DIRECTOR	(i)	136,482.	0.	73,230.	7,912.	35,683.	253,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GEOFFREY PETKOVICH REGIONAL DIRECTOR	(i)	119,859.	0.	69,920.	6,937.	17,960.	214,676.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHERI DAHL VICE PRESIDENT	(i)	181,654.	0.	0.	16,820.	17,330.	215,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SCOTT LEMLER VICE PRESIDENT	(i)	167,382.	0.	0.	14,672.	14,399.	196,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PAUL BODE REGIONAL DIRECTOR	(i)	131,771.	0.	30,000.	0.	8,093.	169,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

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

LEAVE ONLY. THESE BENEFITS ARE SPECIFIED IN INDIVIDUAL CONTRACTS AND

INCLUDED IN TAXABLE COMPENSATION.

SCHEDULE J, PART I, LINE 3 - CHILDFUND PROVIDED

EXTERNAL MARKET FOR COMPENSATION BENCHMARKS TO THE BOARD COMPENSATION

COMMITTEE FOR REVIEW FOR

THE CEO. THE COMMITTEE IS INDEPENDENT AND THEIR DECISIONS ARE DOCUMENTED IN

BOARD MINUTES.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**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 <p style="text-align: center;">CHILD FUND INTERNATIONAL USA</p>	Employer identification number <p style="text-align: center;">54-0536100</p>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		10,833,022.	DISCOUNTED FMV
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	9	2,149,799.	FMV
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>
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....			X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....			X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			



**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

**2012**

Open to Public  
Inspection

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

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.

CHILDFUND BELIEVES THAT THE WELL-BEING OF ALL CHILDREN LEADS TO THE

WELL-BEING OF THE WORLD; WE EMPOWER CHILDREN TO THRIVE THROUGHOUT ALL

STAGES OF LIFE AND BECOME LEADERS OF ENDURING CHANGE. CHILDFUND

PROGRAMS REACH 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 CHILDFUND,

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:

EARLY CHILDHOOD DEVELOPMENT: CHILDFUND IS COMMITTED TO EFFECTIVE

PROGRAMS THAT PROMOTE EARLY CHILDHOOD DEVELOPMENT THROUGH EMPOWERED AND

RESPONSIVE CAREGIVERS; SAFE AND CARING ENVIRONMENTS FOR INFANTS AND

YOUNG CHILDREN; QUALITY HEALTH CARE AND ADEQUATE NUTRITION FOR INFANTS,

YOUNG CHILDREN AND EXPECTANT MOTHERS; AND HIGH QUALITY STIMULATION FOR

INFANTS AND YOUNG CHILDREN.

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

Schedule O (Form 990 or 990-EZ) (2012)

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

EXPENSES \$ 21,909,702. INCL GRANTS OF \$ 17,946,549. REVENUE \$ 165,774.

NUTRITION: CHILD FUND INTERNATIONAL PROMOTES NUTRITION-SPECIFIC

INTERVENTIONS THAT IMPACT YOUNG CHILDREN AND MOTHERS AS PART OF

INTEGRATED HEALTH AND EARLY CHILDHOOD PROGRAMMING. THESE PRACTICAL

MEASURES INCLUDE: NUTRITION EDUCATION AND PROMOTION, MICRONUTRIENT

SUPPLEMENTATION, PARASITE CONTROL MEASURES, PROMOTION OF EXCLUSIVE

BREASTFEEDING FOR FIRST 6 MONTHS AND SITUATION-SPECIFIC HOUSEHOLD FOOD

SECURITY INTERVENTIONS.

EXPENSES \$ 19,178,254. INCL GRANTS OF \$ 15,709,181. REVENUE \$ 145,107.

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 MEXICO, PHILIPPINES, INDONESIA,

INDIA, MOZAMBIQUE, SENEGAL, GUATEMALA AND ETHIOPIA.

EXPENSES \$ 12,483,982. INCL GRANTS OF \$ 10,225,808. REVENUE \$ 94,458.

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,

OTHER COUNTRY, ZAMBIA

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY OUR

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

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

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS, PRESIDENT, AND VICE PRESIDENTS ARE REQUIRED TO ANNUALLY REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE STATEMENT. THE STATEMENT REQUIRES DISCLOSURE OF ANY RELATIONSHIP OR ACTIVITY WHICH MAY CONSTITUTE A CONFLICT OF INTEREST. BOARD MEMBERS ARE ALSO REQUIRED TO PROMPTLY UPDATE THEIR DISCLOSURE STATEMENT WITH NEW RELATIONSHIPS OR ACTIVITIES WHICH MAY CONSTITUTE A CONFLICT OF INTEREST. DISCLOSURES MADE ARE REVIEWED BY THE FULL BOARD OF DIRECTORS IN CONSULTATION WITH THE FINANCE DEPARTMENT AND ACTION IS TAKEN TO AVOID POTENTIAL OR ACTUAL CONFLICT. MEMBERS OF STAFF ARE REQUIRED TO RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE STATEMENT WHEN HIRED. NON-KEY EMPLOYEES ARE REQUIRED TO PROMPTLY DISCLOSE TO THEIR SUPERVISOR AS SOON AS THEY BECOME AWARE OF A CONFLICT, POTENTIAL CONFLICT OR APPEARANCE OF A CONFLICT. MANAGEMENT IN CONSULTATION WITH THE ASSURANCE DEPARTMENT REVIEWS THE DISCLOSURE AND TAKES ACTION TO AVOID POTENTIAL OR ACTUAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A: CHILD FUND PROVIDED EXTERNAL MARKET DATA FOR COMPENSATION BENCHMARKS TO THE BOARD COMPENSATION COMMITTEE FOR REVIEW FOR THE CEO IN RICHMOND, VA. THE COMMITTEE IS INDEPENDENT AND THEIR DECISIONS ARE DOCUMENTED IN BOARD MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NE  
NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV

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

FORM 990, PART VI, SECTION C, LINE 19: CHILD FUND'S CONFLICT OF INTEREST

POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

CHANGE IN ACCRUED BENEFIT LIABILITY	2,633,306.
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CHANGE IN VALUE SPLIT INTEREST CGA	-126,567.
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TOTAL TO FORM 990, PART XI, LINE 9	2,506,739.
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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.