

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHILD FUND INTERNATIONAL USA		D Employer identification number 54-0536100
		Doing Business As		E Telephone number (804) 756-2700
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
		City or town, state or country, and ZIP + 4 RICHMOND, VA 23294-3726		G Gross receipts \$ 245,064,261.
F Name and address of principal officer: ANNE LYNAM GODDARD SAME AS C ABOVE				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: HTTP://WWW.CHILDFUND.ORG				H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1938	M State of legal domicile: VA

Part I Summary

Activities & Governance	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)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of employees (Part V, line 2a)	5	276
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	216,130,540.	212,431,296.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,271,403.	1,358,045.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-487,430.	1,514,120.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,412,844.	215,772,220.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	133,107,733.	138,943,395.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,929,011.	32,627,212.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	581,231.	430,835.
	b Total fundraising expenses (Part IX, column (D), line 25) 23,420,237.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	37,359,813.	40,580,235.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	204,977,788.	212,581,677.
19 Revenue less expenses. Subtract line 18 from line 12	12,435,056.	3,190,543.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	74,089,092.	83,079,438.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,610,951.	22,056,457.
		50,478,141.	61,022,981.

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	JAMES TUIITE, CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205		EIN	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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 61,488,979. including grants of \$ 49,505,795.) (Revenue \$ 484,165.) BASIC EDUCATION: CHILDFUND'S EDUCATIONAL PROGRAMS WORK WITH EDUCATORS, COMMUNITY GROUPS, PARENTS, AND CHILDREN ALIKE TO TRANSFORM SCHOOLS INTO PLACES THAT MOTIVATE AND SUPPORT STUDENTS. THESE PROGRAMS SERVED AN ESTIMATED 5.4 MILLION CHILDREN, YOUTH AND FAMILY MEMBERS IN 2010 (INCLUDING ENROLLED AND NON-ENROLLED POPULATIONS). BENEFITS INCLUDE IMPROVED SCHOOL FACILITIES, ENHANCED TEACHING METHODOLOGIES, AND SAFER SCHOOL ENVIRONMENTS, AS WELL AS IMPROVED POLICY TO ENHANCE STUDENT ACCESS AND SAFETY.

4b (Code:) (Expenses \$ 44,145,849. including grants of \$ 35,549,012.) (Revenue \$ 347,344.) HEALTH & SANITATION: WHAT HAPPENS IN THE FIRST YEARS OF LIFE PROVIDES THE FOUNDATION UPON WHICH A CHILD GROWS AND DEVELOPS. CORE PROGRAMS FOR INFANTS AND YOUNG CHILDREN ADDRESS SAFE MOTHERHOOD AND NEWBORN CARE, EARLY CHILDHOOD DEVELOPMENT, INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES AND NUTRITION. THESE PROGRAMS SERVED AN ESTIMATED 3.9 MILLION CHILDREN, YOUTH AND FAMILY MEMBERS IN 2010 (INCLUDING ENROLLED AND NON-ENROLLED POPULATIONS). WORK WITH YOUTH AND YOUNG PARENTS FOCUSES ON REPRODUCTIVE HEALTH SERVICES AND HEALTH EDUCATION AS WELL AS COMMUNITY BASED FAMILY PLANNING.

4c (Code:) (Expenses \$ 20,408,024. including grants of \$ 16,433,824.) (Revenue \$ 160,572.) MICRO-ENTERPRISE DEVELOPMENT: THE WORLD IS EXPERIENCING A YOUTH EMPLOYMENT CRISIS; YOUNG PEOPLE MAKE UP 47% OF THE GLOBAL UNEMPLOYED. CHILDFUND'S APPROACH IS TO SUPPORT YOUTH LIVELIHOOD DEVELOPMENT WITH A FOCUS ON SKILLS TRAINING, PREPARATION FOR EMPLOYMENT AND GUIDANCE ON BUSINESS DEVELOPMENT. THESE PROGRAMS SERVED AN ESTIMATED 1.8 MILLION CHILDREN, YOUTH AND FAMILY MEMBERS IN 2010 (INCLUDING ENROLLED AND NON-ENROLLED POPULATIONS). PROTECTION FROM EXPLOITATIVE LABOR PRACTICES, IDENTIFICATION OF LIVELIHOOD OPPORTUNITIES AND INCOME GENERATION TO MEET DAILY NEEDS ARE KEY OBJECTIVES OF OUR APPROACH.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 46,512,468. including grants of \$ 37,454,764.) (Revenue \$ 365,964.)

4e Total program service expenses \$ 172,555,320.

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 Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes No 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	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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, Part II</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, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
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 of the organization (or a family member) 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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 81		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 276		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
	4a		
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	9b		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JAMES TUITE - 804-756-2700**
2821 EMERYWOOD PKWY, RICHMOND, VA 23294-3726

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
CHARLES CARAVATI DIRECTOR	2.00	X						0.	0.	0.
A SCOTT ANDREWS DIRECTOR	2.00	X						0.	0.	0.
LOUIS WEEKS DIRECTOR	2.00	X						0.	0.	0.
JESUS AMADEO DIRECTOR	2.00	X						0.	0.	0.
A HUGH EWING III DIRECTOR	2.00	X						0.	0.	0.
LYNNE VERNON-FEAGANS DIRECTOR	2.00	X						0.	0.	0.
ROGER GREGORY DIRECTOR	2.00	X						0.	0.	0.
MARILYN GRIST DIRECTOR	2.00	X						0.	0.	0.
SARAH HANSON DIRECTOR	2.00	X						0.	0.	0.
KAREN HEIN DIRECTOR	2.00	X						0.	0.	0.
BARBARA JOYNES DIRECTOR	2.00	X						0.	0.	0.
WILLIAM LEAHEY, JR DIRECTOR	2.00	X						0.	0.	0.
DARRELL MARTIN DIRECTOR	2.00	X						0.	0.	0.
MAUREEN DENLEA-MASSEY DIRECTOR	2.00	X						0.	0.	0.
VELMA MCBRIDE MURRY DIRECTOR	2.00	X						0.	0.	0.
ROBERT NORFLEET, JR DIRECTOR	2.00	X						0.	0.	0.
JOHN PURNELL JR 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	(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			
MASOOD REHMANI DIRECTOR	2.00	X					0.	0.	0.	
THOMAS SIEGFRIED DIRECTOR	2.00	X					0.	0.	0.	
PETER TANOUS DIRECTOR	2.00	X					0.	0.	0.	
THOMAS WEISNER DIRECTOR	2.00	X					0.	0.	0.	
BRIAN WILCOX DIRECTOR	2.00	X					0.	0.	0.	
ANNE GODDARD PRESIDENT	40.00			X			258,738.	0.	59,170.	
JAMES TUIITE VICE PRESIDENT/CFO	40.00			X			189,673.	0.	49,524.	
ANNE SCOTT VICE PRESIDENT	40.00				X		165,977.	0.	27,776.	
MICHAEL PRESSENDO VICE PRESIDENT	40.00				X		185,591.	0.	35,533.	
DULA JAMES VICE PRESIDENT	40.00				X		188,379.	0.	42,136.	
1b Total							2,465,464.	0.	558,326.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **25**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INTEGRATED MEDIA SOLUTIONS, 650 5TH AVENUE 35TH FLOOR, NEW YORK, NY 10019	MEDIA/ADVERTISING	8,228,321.
CORINTHIAN MEDIA INC. 500 EIGHTH AVENUE, NEW YORK, NY 10018	MEDIA/ADVERTISING	3,730,865.
BROADCAST BUYING SERVICES INC. 901 MANCHESTER ST, TOMS RIVER, NJ 08757	MEDIA/ADVERTISING	2,510,989.
DATAPROSE INC. DEPARTMENT 8252, LOS ANGELES, CA 90084	PRINTING & POSTAGE	1,117,299.
VAN GROESBECK 2124 HANOVER AVE, RICHMOND, VA 23220	PRINTING & POSTAGE	748,839.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **32**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	8,358,863.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	204,072,433.			
	g Noncash contributions included in lines 1a-1f: \$		1,030,193.			
	h Total. Add lines 1a-1f		212,431,296.			
	Program Service Revenue	2 a CHILDFUND ALLIANCE MAI	Business Code 900099	1,358,045.	1,358,045.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,358,045.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,556,727.		1,556,727.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	504,665.			
		(ii) Personal				
		b Less: rental expenses	324,342.			
		c Rental income or (loss)	180,323.			
	d Net rental income or (loss)		180,323.		180,323.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	28,763,959.			
		(ii) Other	161,133.			
		b Less: cost or other basis and sales expenses	28,872,328.	95,371.		
		c Gain or (loss)	-108,369.	65,762.		
	d Net gain or (loss)		-42,607.		-42,607.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a STUDY TOUR REVENUE	900099	178,762.			178,762.	
b MISC. INCOME	900099	109,674.			109,674.	
c						
d All other revenue						
e Total. Add lines 11a-11d		288,436.				
12 Total revenue. See instructions.		215,772,220.	1,358,045.	0.	1,982,879.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,082,249.	2,082,249.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	136,861,146.	136,861,146.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,017,758.	889,959.	923,932.	203,867.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,434,787.	16,004,312.	5,642,634.	2,787,841.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,903,547.	751,592.	952,833.	199,122.
9 Other employee benefits	2,164,343.	1,165,902.	758,524.	239,917.
10 Payroll taxes	2,106,777.	1,406,843.	483,545.	216,389.
11 Fees for services (non-employees):				
a Management				
b Legal	395,756.	167,326.	111,663.	116,767.
c Accounting	1,451,074.	966,625.	456,436.	28,013.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	430,835.			430,835.
f Investment management fees	81,035.		81,035.	
g Other	4,613,735.	1,832,503.	1,554,516.	1,226,716.
12 Advertising and promotion	17,062,444.	242,566.	293,156.	16,526,722.
13 Office expenses	7,488,935.	3,686,471.	3,217,193.	585,271.
14 Information technology	525,812.	12,682.	305,715.	207,415.
15 Royalties				
16 Occupancy	1,777,081.	1,496,251.	206,893.	73,937.
17 Travel	2,795,436.	2,294,651.	226,676.	274,109.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	960,576.	681,261.	158,818.	120,497.
20 Interest	90,143.		90,143.	
21 Payments to affiliates	80,546.		80,546.	
22 Depreciation, depletion, and amortization	1,917,593.	1,123,094.	734,063.	60,436.
23 Insurance	58,442.		58,442.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS EXPENSES	794,393.	438,225.	245,561.	110,607.
b STAFF TRAINING	487,234.	451,662.	23,796.	11,776.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	212,581,677.	172,555,320.	16,606,120.	23,420,237.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	9,683,713.	1	12,887,631.	
	2 Savings and temporary cash investments	13,699,332.	2	9,906,732.	
	3 Pledges and grants receivable, net	2,073,237.	3	3,236,536.	
	4 Accounts receivable, net	3,190,565.	4	2,883,005.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	3,581,829.	9	3,271,446.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,608,083.			
	b Less: accumulated depreciation	10b 21,524,794.	13,825,862.	10c 14,083,289.	
	11 Investments - publicly traded securities	20,752,988.	11	25,559,037.	
	12 Investments - other securities. See Part IV, line 11	7,208,056.	12	11,178,252.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	73,510.	15	73,510.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	74,089,092.	16	83,079,438.		
Liabilities	17 Accounts payable and accrued expenses	13,729,528.	17	10,021,793.	
	18 Grants payable	2,728,633.	18	3,560,149.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	7,152,790.	25	8,474,515.	
	26 Total liabilities. Add lines 17 through 25	23,610,951.	26	22,056,457.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	13,862,323.	27	16,033,869.	
	28 Temporarily restricted net assets	28,486,156.	28	32,871,076.	
	29 Permanently restricted net assets	8,129,662.	29	12,118,036.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	50,478,141.	33	61,022,981.	
34 Total liabilities and net assets/fund balances	74,089,092.	34	83,079,438.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

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

2009

Open to Public Inspection

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

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

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

	Yes	No
11g(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) A family member of a person described in (i) above?		
11g(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 support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	202,213,663.	207,077,917.	226,806,941.	216,130,540.	212,431,296.	1064660357.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	202,213,663.	207,077,917.	226,806,941.	216,130,540.	212,431,296.	1064660357.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1064660357.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	202,213,663.	207,077,917.	226,806,941.	216,130,540.	212,431,296.	1064660357.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	931,280.	1,074,380.	920,991.	633,204.	2,061,392.	5,621,247.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,123,925.	588,750.	631,425.	349,747.	288,436.	2,982,283.
11 Total support. Add lines 7 through 10						1073263887.
12 Gross receipts from related activities, etc. (see instructions)					12	6,041,754.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.20	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.27	%

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 19,302,636.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 8,358,863.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 7,602,397.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 7,381,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 7,230,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 5,432,376.	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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 4,564,776.	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)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
_____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
_____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
_____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
_____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
_____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
_____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

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

OMB No. 1545-0047

2009

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

b If the organization elected, as permitted under SFAS 116, 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,209,765.	11,205,152.			
b Contributions	67,587.	367,931.			
c Net investment earnings, gains, and losses	888,516.	-1,948,338.			
d Grants or scholarships					
e Other expenditures for facilities and programs	120,161.	396,560.			
f Administrative expenses	20,455.	18,420.			
g End of year balance	10,025,252.	9,209,765.			

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment 13.50 %
- b** Permanent endowment 81.60 %
- c** Term endowment 4.90 %

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 XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,180,378.		1,180,378.
b Buildings		15,755,477.	6,730,144.	9,025,333.
c Leasehold improvements		128,743.	7,314.	121,429.
d Equipment		10,591,717.	9,161,485.	1,430,232.
e Other		7,951,768.	5,625,851.	2,325,917.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,083,289.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	215,772,220.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	212,581,677.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,190,543.
4	Net unrealized gains (losses) on investments	4	3,137,024.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	5,889,192.
8	Other (Describe in Part XIV.)	8	-1,671,919.
9	Total adjustments (net). Add lines 4 through 8	9	7,354,297.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	10,544,840.

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

1	Total revenue, gains, and other support per audited financial statements	1	219,004,711.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,137,024.
b	Donated services and use of facilities	2b	46,186.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-194,026.
e	Add lines 2a through 2d	2e	2,989,184.
3	Subtract line 2e from line 1	3	216,015,527.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,035.
b	Other (Describe in Part XIV.)	4b	-324,342.
c	Add lines 4a and 4b	4c	-243,307.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	215,772,220.

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

1	Total expenses and losses per audited financial statements	1	212,871,171.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	46,187.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	46,187.
3	Subtract line 2e from line 1	3	212,824,984.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,035.
b	Other (Describe in Part XIV.)	4b	-324,342.
c	Add lines 4a and 4b	4c	-243,307.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	212,581,677.

Part XIV Supplemental Information

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

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

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

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

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

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

BEYOND THE REACH OF TRADITIONAL SPONSORSHIP FUNDING.

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

Part XIV Supplemental Information (continued)

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

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

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

FINANCIAL STATEMENTS INCLUDE OR REFLECT ANY UNCERTAIN TAX POSITIONS. NO

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

2010 AND 2009.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN ACCRUED BENEFIT LIABILITY: -1477893.

CHANGE IN VALUE SPLIT INTEREST CGA: -194026.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE SPLIT INTEREST CGA: -194026.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B: -324342.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSE INCLUDED IN PART VIII, LINE 6B: -324342.

**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

2009

Open to Public
Inspection

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

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

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

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
CENTRAL AMERICA AND THE CARIBBEAN	5	150	PROGRAM SERVICES	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,	16,633,530.
EAST ASIA AND THE PACIFIC	5	269	PROGRAM SERVICES	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,	29,738,129.
NORTH AMERICA	1	26	PROGRAM SERVICES	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,	8,049,216.
RUSSIA & THE NEWLY INDEPENDENT STATES	1	3	PROGRAM SERVICES	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,	596,099.
SOUTH AMERICA	3	125	PROGRAM SERVICES	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,	27,159,363.
SOUTH ASIA	3	267	PROGRAM SERVICES	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,	20,407,679.
SUB-SAHARAN AFRICA	14	546	PROGRAM SERVICES	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,	72,842,724.
Totals	32	1386			175,426,740.

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

Schedule F (Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) 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)
		SOUTH ASIA	EMERGENCY RESPONSE	1,070,019.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH, CHILD LABOR AND EARLY CHILDHOOD DEVELOPMENT	1,986,912.	WIRE TRANSFER	36,000.	CLOTHING AND HOUSEHOLD GOODS	FMV
		RUSSIA & THE NEWLY INDEPENDENT STATES	HEALTH/SOCIAL EDUCATION	575,087.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EARLY CHILDHOOD DEVELOPMENT	107,644.	WIRE TRANSFER	0.		
		SOUTH AMERICA	HEALTH/EDUCATION	226,823.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH/EDUCATION/CHILD PROTECTION	144,038.	WIRE TRANSFER	0.		
		SOUTH AMERICA	EARLY CHILDHOOD DEVELOPMENT/EDUCATION	228,001.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH/CHILD PROTECTION/EDUCATION	2,198,928.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 54

3 Enter total number of other organizations or entities 0

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

AND COMPLIANCE. STAFF MEMBERS RESPONSIBLE FOR IMPLEMENTATION ARE REQUIRED

TO COMPLETE NECESSARY EDUCATION REQUIREMENTS AND HAVE A WORKING KNOWLEDGE

OF OMB CIRCULAR A-122.7. PROFESSIONAL AUDITS ARE CONDUCTED ANNUALLY FOR

ALL GRANT RELATED ACTIVITIES.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: NORTH AMERICA

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: RUSSIA & THE NEWLY INDEPENDENT STATES

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH AMERICA

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH ASIA

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD DEVELOPMENT,

MICRO-ENTERPRISE DEVELOPMENT

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH AMERICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH AMERICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH AMERICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: CENTRAL AMERICA AND THE CARIBBEAN

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH ASIA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: NORTH AMERICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SOUTH ASIA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: EAST ASIA AND THE PACIFIC

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

REGION: SUB-SAHARAN AFRICA

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

RESPONSE, EARLY CHILDHOOD DEVELOPMENT, MICRO-ENTERPRISE DEVELOPMENT

Part 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	HEALTH/EDUCATION	239,566.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH/EARLY CHILDHOOD DEVELOPMENT/WATER&SANITATION PROTECTION	666,104.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HEALTH	127,889.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	EDUCATION/EARLY CHILDHOOD DEVELOPMENT/HEALTH	1,223,173.	WIRE TRANSFER	0.		
		SOUTH ASIA	EDUCATION/CHILD PROTECTION/HEALTH	562,918.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EMERGENCY RESPONSE/MICRO-ENTERP DEVELOPMENT	1,884,188.	WIRE TRANSFER	52,203.	CLOTHING	FMV
		SUB-SAHARAN AFRICA	HEALTH/EARLY CHILDHOOD DEVELOPMENT/NUTRITION	3,523,503.	WIRE TRANSFER	68.	CLOTHING AND HOUSEHOLD GOODS	FMV
		SUB-SAHARAN AFRICA	EMERGENCY/WATER&SANITATION PROTECTION/HEALTH/FOOD SECURITY	1,723,770.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION/EDUCATION	177,480.	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)
		NORTH AMERICA	EARLY CHILDHOOD DEVELOPMENT/NUTRITION	256,332.	WIRE TRANSFER	841,256.	CLOTHING AND FOOD INVENTORY	FMV
		EAST ASIA AND THE PACIFIC	HEALTH EDUCATION/CHILD LABOR	1,428,949.	WIRE TRANSFER	18,314.	CLOTHING AND HOUSEHOLD GOODS	FMV
		SUB-SAHARAN AFRICA	HEALTH/NUTRITION/WATE SECURITY	6,723,375.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION/EDUCATION/	500,495.	WIRE TRANSFER	0.		
		SOUTH ASIA	EARLY CHILDHOOD DEVELOPMENT/MICRO-ENT DEVELOPMENT/HEALTH/ED	1,228,845.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	EDUCATION	1,006,211.	WIRE TRANSFER	77,258.	CLOTHING AND HOUSEHOLD GOODS	FMV
		EAST ASIA AND THE PACIFIC	NUTRITION/EDUCATION/F SECURITY	696,535.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD PROTECTION/HEALTH/WAT	1,403,958.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HEALTH/EDUCATION/FOOD SECURITY	1,731,321.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	HEALTH	34,312.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	2,126,499.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	3,874,409.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	12,916,923.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	186,565.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	1,031,393.	WIRE TRANSFER	0.		
		SOUTH AMERICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	4,371,898.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	6,114,512.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	1,386,516.	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	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	2,885,555.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	3,585,020.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	4,734,314.	WIRE TRANSFER	0.		
		SOUTH ASIA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	10,520,930.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	4,827,773.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	7,521,200.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	1,152,865.	WIRE TRANSFER	0.		
		NORTH AMERICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	5,183,512.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	5,771,167.	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	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	3,492,716.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	1,563,683.	WIRE TRANSFER	0.		
		SOUTH ASIA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	2,805,472.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	5,339,955.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	1,478,455.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	203,183.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	5,131,461.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	833,162.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	BASIC EDUCATION, HEALTH & SANITATION, EMERGENCY RESPONSE, EARLY CHILDHOOD	4,334,596.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	HEALTH/EDUCATION	785,937.	WIRE TRANSFER	0.		

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column (d), and line 7					

	Yes	No
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?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- 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? **15a**

- 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? **17a**

- 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 ► \$ _____

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVANCE RIO GRANDE VALLEY 1418 BEECH AVENUE STE 137 MCALLEN, TX 78501	74-1769114	501(C)(3)	563,777.	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)	99,832.	0.			EDUCATION/HEALTH AND SANITATION/ECD
BOYS AND GIRLS CLUB OF GREEN COUNTY - 1478 SOUTH ELLIOT, PO BOX 687 - PRYOR, OK 74362	73-1527045	501(C)(3)	168,118.	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)	113,412.	0.			EDUCATION/HEALTH AND SANITATION/ECD
BRICKFIRE PROJECT 143 WESTSIDE DRIVE STARKSVILLE, MS 39759	64-0712270	501(C)(3)	134,880.	0.			EDUCATION/HEALTH AND SANITATION/ECD
CHEYENNE RIVER YOUTH PROJECT E LINCOLN STREET, PO BOX 410 EAGLE BUTTE, SD 57626	46-0423106	501(C)(3)	29,730.	0.			EDUCATION/HEALTH AND SANITATION/ECD

- 2** Enter total number of section 501(c)(3) and government organizations ▶ 13.
- 3** Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) 2009

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

Part I 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
KIDS CONNECTIONS INC. 816 SOUTH COLLEGE AVENUE TAHLEQUAH, OK 74464	73-1421532	501(C)(3)	108,176.	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)	62,093.	0.			EDUCATION/HEALTH AND SANITATION/ECD
OPERATION SHOESTRING INC. 1711 BAILEY AVENUE, PO BOX 11223 JACKSON, MS 39283	64-0471554	501(C)(3)	143,785.	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)	325,706.	0.			EDUCATION/HEALTH AND SANITATION/ECD
TURTLE MT YOUTH AND FAMILY CENTER 1208 WEST MAIN AVENUE, PO BOX 669 ROLLA, ND 58367	45-0422420	501(C)(3)	82,546.	0.			EDUCATION/HEALTH AND SANITATION/ECD
WE CARE COMMUNITY SERVICES 909 WALNUT STREET, PO BOX 767 VICKSBURG, MS 39180	51-0188737	501(C)(3)	59,511.	0.			EDUCATION/HEALTH AND SANITATION/ECD
YOUTH DEVELOPMENT PROGRAM 2430 GNUGNUSKA DRIVE RAPID CITY, SD 57701	46-0405997	501(C)(3)	181,916.	0.			EDUCATION/HEALTH AND SANITATION/ECD

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>		X
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
		X
		X
		X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
		X
		X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
		X
		X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANNE GODDARD	(i)	258,738.	0.	0.	45,693.	13,477.	317,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES TUIITE	(i)	189,673.	0.	0.	34,423.	15,100.	239,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANNE SCOTT	(i)	165,977.	0.	0.	16,283.	11,493.	193,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL PRESSENDO	(i)	185,591.	0.	0.	28,558.	6,975.	221,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DULA JAMES	(i)	188,379.	0.	0.	31,319.	10,816.	230,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ISAM GHANIM	(i)	234,861.	0.	0.	34,809.	6,975.	276,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHARLES DAVY	(i)	177,550.	0.	0.	33,000.	11,348.	221,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DIANE WILLIS	(i)	165,211.	0.	0.	28,311.	4,566.	198,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHERI DAHL	(i)	171,190.	0.	0.	32,274.	10,547.	214,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHIRLEY DADY	(i)	172,360.	0.	0.	26,928.	10,829.	210,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DOLAMANI MOHAPATRA	(i)	152,285.	0.	0.	20,880.	10,977.	184,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN WATTS	(i)	138,964.	0.	0.	30,148.	13,506.	182,618.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BENJAMIN WOODSON	(i)	133,277.	0.	0.	19,177.	13,137.	165,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY ARNOLD	(i)	131,408.	0.	0.	28,279.	8,494.	168,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

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

ALLOWANCE, TRAVEL FOR COMPANIONS, AND TAX INDEMNIFICATION. THESE BENEFITS

ARE INCLUDED IN TAXABLE COMPENSATION.

PART I, LINE 1B: CHILDFUND INTERNATIONAL MAY PROVIDE TAX INDEMNIFICATION,

HOUSING ALLOWANCE, AND TRAVEL FOR COMPANIONS AS A TAXABLE BENEFIT TO

EXPATRIATE KEY EMPLOYEES. THESE BENEFITS ARE SPECIFIED BY INDIVIDUAL

CONTRACTS WITH EXPATRIATES, NOT BY COMPANY POLICY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,018,952.	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	14	11,241.	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 Acknowledgment	29	
--	-----------	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		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?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): CHILDFUND INTERNATIONAL IS REPORTING

THE NUMBER OF CONTRIBUTIONS MADE FOR EACH TYPE OF NONCASH CONTRIBUTION.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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 CHILD DEVELOPMENT AND SECURE INFANTS AND YOUNG

CHILDREN. EARLY CHILDHOOD DEVELOPMENT AND PROTECTION SERVICES REACHED

AN ESTIMATED 1.1 MILLION CHILDREN AND ADULTS (INCLUDING ENROLLED AND

NON-ENROLLED POPULATIONS). SERVICES INCLUDE PARENTING EDUCATION AND

SUPPORT GROUPS, HOME BASED OUTREACH TO SUPPORT AND PROMOTE CHILD

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

Schedule O (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

DEVELOPMENT, AND PRESCHOOL SERVICES IN COMMUNITY MANAGED CENTERS.

CHILDFUND ALSO COMBINES SPECIAL ACTIVITIES FOR CHILDREN, TRAINING FOR

EARLY CHILDHOOD DEVELOPMENT AND FIRST GRADE TEACHERS AS WELL AS PARENTS

TO IMPROVE A CHILD'S TRANSITION FROM EARLY CHILDHOOD CENTERS TO PRIMARY

SCHOOL.

EXPENSES \$ 19958484. INCLUDING GRANTS OF \$ 16071826. REVENUE \$ 157035.

NUTRITION: HUNGER AND MALNOURISHMENT CONTRIBUTE TO MORE THAN HALF OF

THE NEARLY TEN MILLION WORLDWIDE DEATHS OF CHILDREN UNDER AGE 5. MORE

THAN FIVE HUNDRED THOUSAND WOMEN DIE ANNUALLY IN CHILD BIRTH, 99% OF

THEM IN THE DEVELOPING COUNTRIES OF AFRICA AND ASIA WITH MANY DEATHS

RESULTING FROM MATERNAL MALNUTRITION AND ANEMIA. YET THE CAUSES OF

MATERNAL AND CHILD HUNGER AND DEATH ARE PREDICTABLE, PREVENTABLE AND

CAN BE ADDRESSED THROUGH AFFORDABLE MEANS. CHILDFUND INTERNATIONAL

PROMOTES INTERVENTIONS WHICH HAVE IMMEDIATE IMPACT FOR CHILDREN AND

MOTHERS AND CAN BE RAPIDLY AUGMENTED. THESE PRACTICAL MEASURES INCLUDE

NUTRITION EDUCATION AND PROMOTION, MICRONUTRIENT SUPPLEMENTATION,

PARASITE CONTROL MEASURES, AND SITUATION-SPECIFIC HOUSEHOLD FOOD

SECURITY INTERVENTIONS.

EXPENSES \$ 14688825. INCLUDING GRANTS OF \$ 11828365. REVENUE \$ 115573.

EMERGENCY RESPONSE: DURING THE FISCAL PERIOD CHILDFUND PROVIDED AID AND

ASSISTANCE TO NUMEROUS VICTIMS OF DISASTER AND HUMANITARIAN CRISES. IN

HAITI, THE DEVASTATING EARTHQUAKE OF JANUARY 2010 TOOK BETWEEN 225,000

AND 230,000 LIVES AND AFFECTED THE ENTIRE POPULATION. BECAUSE

CHILDFUND DOES NOT OPERATE IN HAITI IT CHOSE TO PARTNER WITH CHRISTIAN

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Schedule O (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

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Name of the organization

CHILDFUND INTERNATIONAL USA

Employer identification number

54-0536100

BLIND MISSION, AN ESTABLISHED ON-THE-GROUND ORGANIZATION WITH MORE THAN

30 YEARS OF SERVICE IN HAITIAN COMMUNITIES. CHILDFUND AWARDED A

\$615,000 GRANT TO CBM TO ADDRESS CHILDREN'S NEEDS. IN GUATEMALA,

CHILDFUND ASSISTED MORE THAN 1,000 FAMILIES SUFFERING FROM A FOOD

CRISIS CAUSED BY EXTENSIVE DROUGHT CONDITIONS. IN CENTRAL INDIA,

NEARLY 30,000 INDIVIDUALS BENEFITED FROM WATER, SANITATION AND HYGIENE

SERVICES PROVIDED BY CHILDFUND AFTER FLOODS CAUSED FAMILIES TO LOSE

THEIR HOMES AND ALL THEIR POSSESSIONS. IN SRI LANKA FOLLOWING THE END

OF THE CIVIL WAR, CHILDFUND PROVIDED AID AND ASSISTANCE TO MORE THAN

40,000 INDIVIDUALS. RELIEF ITEMS WERE SUPPLIED TO PEOPLE IN IDP CAMPS

AND CHILD CENTERED SPACES WERE ESTABLISHED TO HELP CHILDREN RETURN TO

NORMALCY. WATER AND SANITATION FACILITIES WERE ALSO PROVIDED TO

IMPROVE THE HEALTH CONDITIONS IN THE CAMPS.

EXPENSES \$ 11865159. INCLUDING GRANTS OF \$ 9554573. REVENUE \$ 93356.

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

AFGHANISTAN, ANGOLA, BOLIVIA, BELARUS,

BRAZIL, CHAD, SRI LANKA, DOMINICA,

ECUADOR, ETHIOPIA, GAMBIA, GUATEMALA,

GUINEA, HONDURAS, INDONESIA, INDIA,

KENYA, LIBERIA, MEXICO, MOZAMBIQUE,

PANAMA, PHILIPPINES, SOUTH AFRICA, SENEGAL,

SIERRA LEONE, THAILAND, EAST TIMOR, UGANDA,

ST VINCENT/GRENADINES, ZAMBIA

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

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

Schedule O (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization CHILD FUND INTERNATIONAL USA	Employer identification number 54-0536100
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CONTROLLER, CFO, MEMBER OF THE BOARD OF DIRECTORS, AND AN INDEPENDENT TAX

CONSULTANT.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS AND KEY

EMPLOYEES (PRESIDENT AND VICE PRESIDENTS) ARE REQUIRED TO ANNUALLY REVIEW

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE

STATEMENT. THE STATEMENT REQUIRES DISCLOSURE OF ANY RELATIONSHIP OR

ACTIVITY WHICH MAY CONSTITUTE A CONFLICT OF INTEREST. BOARD MEMBERS ARE

ALSO REQUIRED TO PROMPTLY UPDATE THEIR DISCLOSURE STATEMENT WITH NEW

RELATIONSHIPS OR ACTIVITIES WHICH MAY CONSTITUTE A CONFLICT OF INTEREST.

DISCLOSURES MADE ARE REVIEWED BY THE FULL BOARD OF DIRECTORS IN

CONSULTATION WITH THE ASSURANCE DEPARTMENT AND ACTION IS TAKEN TO AVOID

POTENTIAL OR ACTUAL CONFLICT. MEMBERS OF STAFF ARE REQUIRED TO RECEIVE A

COPY OF THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE STATEMENT

WHEN HIRED. NON-KEY EMPLOYEES ARE REQUIRED TO PROMPTLY DISCLOSE TO THEIR

SUPERVISOR AS SOON AS THEY BECOME AWARE OF A CONFLICT, POTENTIAL CONFLICT

OR APPEARANCE OF A CONFLICT. MANAGEMENT IN CONSULTATION WITH THE ASSURANCE

DEPARTMENT REVIEWS THE DISCLOSURE AND TAKES ACTION TO AVOID POTENTIAL OR

ACTUAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A: CHILD FUND PROVIDED EXTERNAL MARKET

DATA FOR COMPENSATION BENCHMARKS TO THE BOARD COMPENSATION COMMITTEE FOR

REVIEW FOR THE CEO IN THE RICHMOND, VA OFFICE.

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

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

Schedule O (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

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Name of the organization CHILD FUND INTERNATIONAL USA	Employer identification number 54-0536100
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NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19: CHILD FUND INTERNATIONAL'S AUDITED

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH POSTING ON

THE ORGANIZATION'S WEBSITE AT WWW.CHILDFUND.ORG. THE ORGANIZATION'S

CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, 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.