** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990 Open to Public Inspection

A I	For the	2013 calendar year, or tax year beginning $\mathrm{JUL}1,2013$	g JUN 30, 201	4
В	Check If applicable	C Name of organization	D Employer ident	ification number
	Addres change Name			1024007
느	change			1834887
	return Termin	Number and street (or P.O. box if mail is not delivered to street address) 1101 14TH ST NW 420		2)331-9003
	Amend return Applic	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ H(a) Is this a group	6,253,674.
_	tion pendin		for subordinat	es? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinate:	s included? Yes No
_	Tay.ava	mpt status: X 501(c)(3)	- 12	a list. (see instructions)
<u></u>	Waheit	e: WWW.GLOBALFUNDFORCHILDREN.ORG	H(c) Group exempt	•
				M State of legal domicile; NC
	art I	Summary	Total of Infiliation, 2502	14) Otate of legal doffilolie, 24 G
		Briefly describe the organization's mission or most significant activities: ADVANCE	THE EDUCATIO	N AND
Governance	' :	DIGNITY OF CHILDREN AND YOUTH AROUND THE WOR	RID.	1 1111
nar		Check this box if the organization discontinued its operations or disposed of		accate
Ver		Number of voting members of the governing body (Part VI, line 1a)	7755	1 44
ဗ္ဗ		Number of independent voting members of the governing body (Part VI, line 1a)		
අ ජි ≠ග		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		
tie				
Activities &		Total number of volunteers (estimate if necessary)		
A		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		
	B	vet unrelated business taxable income from Form 950-1, line 34	Prior Year	Current Year
	8	Contributions and grants /Bort VIII line 1h	8,200,019	
Ĭ		Contributions and grants (Part VIII, line 1h)	1 0/1	
Revenue		Program service revenue (Part VIII, line 2g)		
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	88 582	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,290,168	
_		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,086,522	
			0	
		Benefits paid to or for members (Part IX, column (A), line 4)	2,373,400	* * *
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	
ĕ	109	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 960,333.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,673,503	1,536,613.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,133,425	
		Revenue less expenses. Subtract line 18 from line 12	156,743	
<u></u>	13	nevertue less expenses. Subtract line 10 tront line 12	Beginning of Current Yea	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,706,812	
SSE	21	Total liabilities (Part X, line 16)	629,843	-31
in the	22	Net assets or fund balances. Subtract line 21 from line 20	6,076,969	
Ē,	art II	Signature Block		0,11170
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of	my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		
_	1	Jusan Handa OO	2	112/16
Sig	,	Signature of officer	Date	1/3//3
Hei		SUSAN GOODELL, CEO		
He	·	Type or print name and title		
_		Print/Type preparer's name Preparer's signature /	Date Check	PTIN
Pai	a l	ANGEL NGANDO (Un) 7 (COND)	2-13-15 If self-emp	₽00719222
	parer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN	41-0746749
	Only	Firm's address 4250 N. FAIRFAX DRIVE, SUITE 1020		
	-	ARLINGTON, VA 22203	Phone no. 5	71-227-9500
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ADVANCE THE DIGNITY OF CHILDREN WORLDWIDE BY MAKING SMALL GRANTS TO
	INNOVATIVE COMMUNITY-BASED ORGANIZATIONS WORKING WITH MANY OF THE
	WORLD'S MOST VULNERABLE CHILDREN.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5,573,444. including grants of \$3,756,275.) (Revenue \$)
	GRANTMAKING: THE GLOBAL FUND FOR CHILDREN FINDS AND INVESTS IN
	GRASSROOTS ORGANIZATIONS THAT ENABLE THE MOST VULNERABLE CHILDREN IN
	THEIR COMMUNITIES TO THRIVE. OUR STRATEGIC SUPPORT AND INVESTMENTS HELP
	OUR GRANTEES ACHIEVE THEIR VISION, BECOME SUSTAINABLE, AND REACH EVEN
	MORE CHILDREN IN NEED. IT ALSO TRANSFORMS THE LIVES OF CHILDREN ON THE
	EDGES OF SOCIETY - TRAFFICKED CHILDREN, REFUGEES, CHILD LABORERS - AND
	HELPS THEM REGAIN THEIR RIGHTS AND PURSUE THEIR DREAMS.
4b	(Code:) (Expenses \$278 , 444 • including grants of \$) (Revenue \$)
	COMMUNICATIONS: THROUGH ITS COMMUNICATIONS EFFORTS, GFC USES DIGITAL
	MEDIA, PHOTOGRAPHY, AND STORIES TO TELL ABOUT IT'S WORK AND THAT OF ITS
	GRANTEE PARTNERS TO TRANSFORM THE LIVES OF CHILDREN BORN INTO HARDSHIP
	AND HOPELESSNESS. THROUGH ITS ISSUES AND REGIONAL BRIEFS, THROUGH
	LEADERSHIP EFFORTS, AND WEBSITE, GFC PROMOTES GRASSROOTS ORGANIZATIONS
	MAKING A REAL DIFFERENCE.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 5,851,888.
	Form 990 (2013)

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			~~~	

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

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		- 22
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodulo I Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	77	

## | Part V | Statements Regarding Other IRS Filings and Tax Compliance

Service The number reported in Box 3 of Form 1008. Enter 0- if not applicable   1a   3   3   1b   Core   1   10   0   0   0   0   0   0   0		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in control of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize wirmers?  2e Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If was a more of lines 1 and all sig practer than 250, you may be required to e-file goe instructions)  3 b If the organization have unrelated business gross income of \$1,000 or more during the year?  3 b If Yes, 1 and 1 filed a form 950 of 1 for this year? W 16.7 or line 98, provide an explanation in Schedule O  3 b If Yes, 2 enter the name of the foreign country, lew 1 as a bank account, securities account, or other financial account?  4 a 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, Gueha as a bank account, securities account, or other financial account?  5 a Was the organization appray to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization appray to a prohibited tax shelter transaction?  5 a Was the organization appray to a prohibited tax shelter transaction?  5 b If Yes, 1 do the organization include with every solicitation an express statement that such contributions orgits were not tax deductibles a chartable contribution?  5 b If Yes, 1 do the organization include with every solicitation an express statement that such contributions or gits were not tax deductibles a chartable contribution and partly orgods and services provided to the payor?  7 b If Yes, 1 do the organization necess of Stransaction and partly orgods and services provided to the payor?  7 b If Yes, 1 do the organization necess of Stransaction and						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. 355  2b. If all least one is reported on line 2a, did the organization fall engaged employment tax returns?  2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns?  2b. If all least one is reported on line 2a, did the organization fall required federal employment tax returns?  2c. 355  3c. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. A tax y time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or forter financial accounts.  5a. Was the organization a party to a prohibited tax shelter franancial contributions for financial contributions for filing requirements for Form B886.7  5b. If Yes, 1 to the file of 5b, did the organization file Form 8886.7  6c. Did any contributions that were not tax deductible as charitable contributions?  5b. If Yes, 1 did the organization have a manual gross receipts that are normally greater than \$100,000, and did the organization solicity and your prohibited tax shelter frananciation solicity any contributions that were not tax deductible as charitable contributions?  5c. Did the organization have a payment in excess of \$5 make pay tay as contribution and party for goods and services provided to the payment of the organization have a payment or excess of \$5 make pay tay as contributions on a personal benefit contract?  5c. X  5c. Did the organization engaged c	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
collaboration comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize wheners?  2a Effect 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.  35 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a If we will be sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the vision in the state of 2a is greater than 250, you may be required to e-file (see instructions)  3c If we will be sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3c If we will be sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3c If we will be sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3c If we will be sum of the	b		1b	0			
2a Earth the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportat	ole gaming			
2a Earth the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		(gambling) winnings to prize winners?			1c		
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 (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X at any time during the calandary year, did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calandary year, did the organization have an inferset 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 accountly?  4a At any time the hame of the foreign country   ▶ See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-17 6  6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b Diff Yes, if did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X of If Yes, if indicate the number of Forms 8282 filed during the year  8 payment and party for goods and services provided to the payor?  8 programization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization receive any funds, directly or indirectly, t	2a						
b If a 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 refile (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary 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 accountly?  4a At any time the name of the foreign country.  5b If "Yes," enter the name of the foreign country.  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If "Yes," to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If yes, to line 3a or 5b, did the organization that it was or is a party to a prohibited fax shelter transaction?  5c If Yes, to line 3a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes, to line 3a or 5b, did the organization notify the donor of the value of the goods or services provided?  5d If Yes, if did the organization notify the donor of the value of the goods or services provided?  5d If Yes, if indicate the number of Forms 8982 filed during the year  6 Did the organization seleved a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5d If Yes, if inclates the number of Forms 8982 filed during the year  6		filed for the calendar year ending with or within the year covered by this return	2a	35			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b if "Yes," has it filed a Form 990°T for this year? if "No," to line 3b, provide an explanation in Schedule O  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 accounts.  5b if "Yes," enter the name of the foreign country." ▶  5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization for you a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.1?  6c If "Yes," to line 5a or 5b, did the organization file Form 8886.1?  6c If "Yes," to line 5a or 5b, did the organization file Form 8886.1?  6d If "Yes," to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  6d If "Yes," did the organization solic, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required?  7d If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required?  7d If "Yes," did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 1090 organizations maintaining donor advised funds.  8 possible organization make any taxable distribut	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ทร?		2b	X	
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financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b (if "Yes," enter the name of the foreign country; "See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886.7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twer not tax deductible as charitable contributions?"  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Ibl the organization stat may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1088 c?  7 Yes, if the organization make a contribution of qualified intellectual property, did the organization file a Form 1089 c?  7 Yes, if the organization make a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1089 c?  7 Yes, if the organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the organization make a distribution to a donor, donor advisor, or related person?	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b if "Yes," enter the name of the foreign country:     See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.   See instructions for the See of St. of the Organization that it was or is a party to a prohibited tax shelter transaction?   Section 50.24.   See 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 as charitable contributions?   See organization solicit any contributions but the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   Organization include with every solicitation and partly for goods and services provided to the payor?   Organization that may receive deductible contributions under section 170(c).   A to the organization receive a payment in excess of \$75 made partly as a contribution of paying the search of the goods or services provided?   Organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?   Organization file form 8282?   Organization services any tunds, directly or indirectly, on a personal benefit contract?   Organization file a Form 1098-07   Organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   Organization, organization, during the year paying file the organization f	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a			
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  9a		to file Form 8282?			7c		Х
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		, , , , , , , , , , , , , , , , , , , ,	_				
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a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a	а	•			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b							
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		, ,				
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       14b		organization is licensed to issue qualified health plans					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				77
							X
	b	It "Yes," has it filed a Form 720 to report these payments? It "No," provide an explanation in Schedule	eυ			000	(0040)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1 _b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?	•		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as:			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?	•		7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			, u		
~	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			OD		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
	tion D. I onotes (This economic requests information about pointes not required by the internal re	evenue dode.)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?		Г	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl		·····	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
b		y before filling the fe	"	1 I a		
12a	Didd to the state of the state			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120		
·	Control to Ohan Hills and the			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve			17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			. 5.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section 501(c)(3)s	onlv) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	(-)(-)	,, -	~		
		in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	,	icv. and	l finar	ncial	
	statements available to the public during the tax year.	2 poi	٠,, ۵،،۰۰			
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the or	ganizat	ion:	•	
-	THE ORGANIZATION - (202)331-9003					
	1101 14TH ST NW, NO. 420, WASHINGTON, DC 20005					
				_		

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(C Pos				(D)	(E)	(F)
Name and Title	Average hours per	(do	not c	heck	more	than	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	e e			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	Itrust		98	mpens		(VV-2/1099-IVIISC)		organization and related
	below	idual t	Institutional trustee	<u></u>	Key employee	Highest compensated employee	ь			organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			
(1) RICHARD POWELL	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(2) RICK BURDICK	1.00									
DIRECTOR		Х						0.	0.	0.
(3) TAMARA C. FOX	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(4) ARNAB GHATAK	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(5) JAMES ESPOSITO	1.00	x						0.	0.	0
DIRECTOR	1.00	A						0.	0.	0.
(6) JAMES SHERIDAN	1.00	Х						0.	0.	0.
(7) MARK MCGOLDRICK	5.00	^						0.	0.	0.
CHAIR	3.00	x		Х				0.	0.	0.
(8) SARAH PEROT	1.00							0.	0.	<u> </u>
VICE CHAIR		х		х				0.	0.	0.
(9) SANJIV KHATTRI	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) JOAN PLATT	1.00									
SECRETARY		Х		Х				0.	0.	0.
(11) SUSAN GOODELL - START 3/2014	40.00									
CEO		Х		Х				0.	0.	0.
(12) VICTORIA DUNNING	40.00									
VP PROGRAMS				Х				175,280.	0.	18,053.
(13) JIM KLEIN	40.00								_	
VP OF FINANCE & OPERATIONS				Х				136,000.	0.	22,782.
(14) JOCELYN HARMON	40.00								_	
VP DEVELOPMENT				Х				152,100.	0.	17,774.
(15) KRISTIN LINDSEY-UNTIL 6/30/13	40.00							100 500		44 005
FORMER CEO			_			_	Х	189,630.	0.	11,085.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E)													(F)	
		Average	Position						Reportable			(F)		
	Name and title	hours per		not c	heck	more	than		I .	Reportable compensation			timate nount	
		week					or/trus		from	from relate			other	O1
		(list any	ctor						the	organization		l	pensa	tion
		hours for	or director				pa:		organization	(W-2/1099-MI	SC)	fr	om th	е
		nours for related organizations below line) line										anizat		
		organizations	Individual trustee	nal tr		employee	comp						d relat	
		below line)	ividu	fitutio	Officer	emp	hest	Former				orga	anizati	ons
		iii ie)	Pul	lıs	#0	Key	e Fig	윤						
1b Su	ıb-total							▶	653,010.		0.	69,69		
	otal from continuation sheets to Part V								0.		0.			0
	otal (add lines 1b and 1c)								653,010.		0.	6	9,6	94
	rtal number of individuals (including but n								eceived more than \$100	0,000 of reportab	ole	•		
СО	mpensation from the organization													4
													Yes	No
	d the organization list any <b>former</b> officer,				-	-	-		•				v	
	e 1a? If "Yes," complete Schedule J for s											3	X	
	or any individual listed on line 1a, is the su d related organizations greater than \$15									the organization		4	Х	
	d any person listed on line 1a receive or									idual for services	S			
	ndered to the organization? If "Yes," com										_	5		Х
	n B. Independent Contractors													
	omplete this table for your five highest co	•	-								npens	ation 1	rom	
the	e organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithii		year.	l			
	( <b>A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	_ c	Ompe		n
	ON COMMUNICATIONS, 1		ION	T	Sī	r 1	W							
STE .	STE 200, WASHINGTON, DC 20005								COMMUNICATIO	NS		11	0,9	00
<b>2</b> To	tal number of independent contractors (i	noluding but a	ot II	mita	d +c	the	SO 18	etos	d abovo) who received =	noro than				
	00,000 of compensation from the organi		iot III	mie	u 10	110	1	عاد ا	above, who received if	IOI G III III				

Form 990 (2013) GLOBAL :
Part VIII | Statement of Revenue

		Check if Schedule O cont	ains a resnonse	or note to any li	ne in this Part VIII			
		Check if Schedule O cont.	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts Tts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	I I					
Å,G	С	Fundraising events		25,500.				
i iii		Related organizations		971,357.				
s, C		Government grants (contributi						
ioi		All other contributions, gifts, grant	· ·					
the later		similar amounts not included above		601,267.				
ÖĒ	а	Noncash contributions included in lines		-				
a Ö	_	Total. Add lines 1a-1f			5,598,124.			
				Business Code				
o l	2 a							
ار <u>ج</u>	b							
Sel L	c	-						
Program Service Revenue	d							
g a	e							
P.		All other program service reve	enue					
		Total. Add lines 2a-2f						
$\neg$	3	Investment income (including						
	_	other similar amounts)			54,936.			54,936.
	4	Income from investment of tax			, , , , , , ,			, , , , , , ,
	5	Royalties			22,847.			22,847.
	J	rioyanics	(i) Real	(ii) Personal				
	6 2	Gross rents		(ii) i cisoriai	-			
		Less: rental expenses			-			
		Rental income or (loss)			-			
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	(i) Securities	(ii) Other	-			
	h	Less: cost or other basis			-			
	b	and sales expenses						
	^	Gain or (loss)			-			
		Net gain or (loss)						
		Gross income from fundraising						
Jue	o a	including \$ 25,5						
Other Revenu		contributions reported on line						
<u>«</u>		Part IV, line 18	=	576,250.				
<u> </u>	h	Less: direct expenses		156,683.	-			
Ö		Net income or (loss) from fund			419,567.			419,567.
		Gross income from gaming ac	•					1107007
	Ju	Part IV, line 19						
	h	Less: direct expenses			-			
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	.o u	and allowances						
	h	Less: cost of goods sold			-			
		Net income or (loss) from sale						
ŀ		Miscellaneous Revenu		Business Code				
ŀ	11 a	STOCK SALE	<u>-</u>	999999	1,517.			1,517.
	b				=,=,			+ -,
	C							<u> </u>
		All other revenue						<u> </u>
		Total. Add lines 11a-11d		<u> </u>	1,517.			
	12	Total revenue. See instructions.			6,096,991.	0.	0	. 498,867.
332009 10-29-				F	, , , , , , , , , , , , , , , , , , , ,			Form <b>990</b> (2013)

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 194,000. 194,000. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the 3,562,275. 3,562,275 United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 580,434. 214,503. 188,058. 177,873. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 253,300. 979,696. 59,497. Other salaries and wages ..... 666,899. Pension plan accruals and contributions (include 7,256. 68,176. 19,758. 41,162. section 401(k) and 403(b) employer contributions) 55,264. Other employee benefits 188,858. 112,602. 20,992. 9 107,920. 64,903. 11,403. 31,614. Payroll taxes 10 Fees for services (non-employees): Management 30,474. 30,474. Accounting Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 352,690. 202,186. 106,077. 44,427. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 84,955. 242,835. 29,623. 128,257. 13 Office expenses 90,626. 56,398. 34,228. Information technology ..... 14 Royalties 15 417,340. 247,185. 47,152. 123,003. 16 Occupancy 209,300. 132,814. 38,193. 38,293. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 170,535. 9,582. 1,538. 159,415. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 43,175. 43,175. 22 Depreciation, depletion, and amortization ..... 23,700. 23,700. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 51,153. 51,153. KNOWLEDGE EXCHANGES ANNUAL REPORT 38,169. 23,578. 1,740. 12,851. 23,299. 16,873. 6,426. INTERNS INDIRECT 226,152. -335,989 109,837. -156,683. -156,683. All other expenses 7,217,972. 5,851,888. 405,751. 960,333. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2013)

Check here

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

Form 990 (2013)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			136,908.	1	594,382.
	2	Savings and temporary cash investments		3,808,115.	2	1,670,925.	
	3	Pledges and grants receivable, net			1,179,396.	3	2,147,854.
	4	Accounts receivable, net			19,080.	4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens		' ' I			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				17,331.	9	26,371.
	l	Land, buildings, and equipment: cost or other	I				
		basis. Complete Part VI of Schedule D	102	548,353.			
	b		10h	363,875.	198,033.	10c	184,478.
	11	Investments - publicly traded securities	100		1,335,503.	11	1,561,841.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		12,446.	15	13,832.	
	16	Total assets. Add lines 1 through 15 (must equ	6,706,812.	16	6,199,683.		
	17	Accounts payable and accrued expenses		226,826.	17	238,109.	
	18	Grants payable		168,750.	18	619,900.	
	19	Deferred revenue			· · · · · · · · · · · · · · · · · · ·	19	,
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
w	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate			512.	24	8,752.
	25	Other liabilities (including federal income tax, pa					,
		parties, and other liabilities not included on lines					
		Schedule D	-		233,755.	25	209,952.
	26	Total liabilities. Add lines 17 through 25			629,843.	26	209,952. 1,076,713.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 ar					
Š	27	Unrestricted net assets			2,459,250.	27	1,342,262.
3ala	28	Temporarily restricted net assets			2,525,990.	28	2,693,832.
βE	29	Permanently restricted net assets		<u></u>	1,091,729.	29	1,086,876.
Ψ		Organizations that do not follow SFAS 117 (A					
9		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			6,076,969.	33	5,122,970.
	34	Total liabilities and net assets/fund balances			6,706,812.	34	6,199,683.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)	1 2	6,096 7,21 1,120 6,076 171	6,99 7,9	91. 72. 81. 69. 58.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,122	2,9	70.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	e basis,	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
За	review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	edule O.	2c	Х	77
	Act and OMB Circular A-133?		. 3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

**Employer identification number** 

			FUND FOR CHI						5	6-1834	:887	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this parl	t.) See inst	ructions.				
The organ  1	A church, co A school des A hospital or A medical res	nvention of churches cribed in section 17 a cooperative hospi search organization	because it is: (For lines of some some some some some some some some	ches desc hedule E.) described	ribed in se	ection 170	(b)(1)(A)(i) (A)(iii).		<b>i).</b> Enter	the hospita	l's nam	e,
5	section 170 A federal, sta An organizati section 170( A community An organizati activities relatincome and to See section An organizati An organizati more publich describes the a Type of By checking foundation more If the organizati supporting of Since Augus (i) A perso the gove (ii) A family (iii) A 35% of	ion operated for the (b)(1)(A)(iv). (Completed for that normally received that normally received that normally received to its exempt for the discount of the	ent or governmental unitatives a substantial part of the Part II.) section 170(b)(1)(A)(vi). (serives: (1) more than 33 fortions - subject to certal axable income (less sections - Part III.) perated exclusively to temperated exclusively for that ions described in section organization and complete per II c Type II c Type II Type II Type III Typ	t described of its supported its supported its supported its supported its statement of the controlled y supported its supported	d in section and Part II.) support from a support froms, and (in x) from but it is afety. Support for section and part it is a Tymontribution ether with se?	on 170(b)(1) government rom contri 2) no more sinesses a See section orm the fun on 509(a)(a) or 11h. integrated or indirectly ations desi upe I, Type on from any persons of	butions, me than 33 1 acquired beneficions of, 2). See second by one or cribed in second beneficions of the followers.	nembershi i/3% of its y the orga i). or to carr ction 509( i	p fees, as support inization  y out the a)(3). Ch  e III - No qualified (3)(1) or  sons?	public description public description gross retent from gross after June 3 persons of section 509 persons of 11g(i) 11g(ii) 11g(ii)	ceipts 1 s investi 30, 197 of one c that lly integ her than 9(a)(2).	from ment 5. or
` '	e of supported anization	(ii) EIN	(described on lines 1-9	in col. (i) lis	organization sted in your document?	organizat	support?	(vi) Is organizatic (i) organiz U.S <b>Yes</b>	ed in the	<b>(vii)</b> Amoun sup	t of mon	ietary
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	6,268,791.	9,464,045.	4,310,556.	8,200,019.	6,174,374.	34,417,785.
2	Tax revenues levied for the organ-	, ,	, ,	, ,	, ,	, ,	, ,
	ization'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	6,268,791.	9,464,045.	4,310,556.	8,200,019.	6,174,374.	34,417,785.
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)						11,389,594.
6	Public support. Subtract line 5 from line 4.						23,028,191.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	6,268,791.	9,464,045.	4,310,556.	8,200,019.	6,174,374.	34,417,785.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	40,920.	60,900.	26,582.	86,603.	77,783.	292,788.
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.)		6,307.		1,705.	1,517.	9,529.
11	Total support. Add lines 7 through 10						34,720,102.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	34,142.
13	First five years. If the Form 990 is for			l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ						
14	Public support percentage for 2013 (l	line 6, column (f) di	vided by line 11, c	olumn (f))		14	66.33 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	64.39 %
16a	33 1/3% support test - 2013. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2012. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			ightharpoons
17a							
	17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes						
_	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
18							
	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						

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and		, , , , , , , , , , , , , , , , , , ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	,	, ,		.,
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and <b>stop here</b>	· ·		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

Schedule A	(Form 990 or 990-EZ) 2013 GLOBAL FUND FOR CHILDREN	56-1834887 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	a or 17b; and Part III, line 12.
-	Also complete this part for any additional information. (See instructions).	

#### ** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Employer identification number

**2013** 

	GLOBAL FUND FOR CHILDREN 56-1834887					
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
Note. Only a section 5010  General Rule  For an organizat	in is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule in the General					
Special Rules						
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
total contribution	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> 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 <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year						
	that is not covered by the General Rule and/or the Special Rules does not file Schedule E on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo					

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

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

#### GLOBAL FUND FOR CHILDREN

56-1834887

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$850,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$625,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### GLOBAL FUND FOR CHILDREN

56-1834887

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		971,357.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		- \$\$191,635.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number** 

#### GLOBAL FUND FOR CHILDREN

56-1834887

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

	FUND FOR CHILDREN		56-1834887		
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if additio	ividual contributions to section 501(c) the following line entry. For organization tc., contributions of \$1,000 or less for the space is needed.	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee				

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

56-1834887 GLOBAL FUND FOR CHILDREN

Pai	organizations Maintaining Donor Adviser organization answered "Yes" to Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered Tes 10 F0111 990, Falt IV, line	(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 v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	i Art Historical Transcurse or C	Othor Cimilar Assats
Pai	Till Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9		Julier Similar Assets.
ıa	If the organization elected, as permitted under SFAS 116 (AS	,,	·
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pt	ublic service, provide the following amounts
	relating to these items:		<b>▶</b> ↑
	(i) Revenues included in Form 990, Part VIII, line 1		
•		and the state of t	
2	If the organization received or held works of art, historical treating amounts required to be reported under SEAS 1.		ai gairi, provide
_	the following amounts required to be reported under SFAS 1		. σ
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2013

		-UL'			0: ! .		5 ± 0 0 7		ge <b>z</b>
	rt III   Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant ι	use of its	collection	items	3
	(check all that apply):								
а	a Public exhibition d Loan or exchange programs								
b	b Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's ex	empt purpo	se in Par	t XIII.		
5	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 ma						Yes		No
Pai	rt IV Escrow and Custodial Arrang						ine 9. or		
	reported an amount on Form 990, Par		are in the organization		,				
	Is the organization an agent, trustee, custodia		liary for contribution	ns or other assets no	t included				
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII						_ 103		140
b	ii res, explain the arrangement iiii art XIII a	and complete the for	llowing table.				Amount		
_	Designation belongs				4-		Amount		
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f		1	_	
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete if			†	i				
	-	(a) Current year	(b) Prior year	(c) Two years back	` '		` '		
1a	Beginning of year balance	1,091,729.	1,086,517.			83,705.	1,	080,	
b	Contributions	19,853.	5,212.	2,812.				2,	723.
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	1,111,582.	1,091,729.	1,086,517.	1,0	83,705.	1,	083,	705.
2	Provide the estimated percentage of the curr	ent year end balanc							
a	Board designated or quasi-endowment	<b>,</b>	%						
b	Permanent endowment ► 100.00	%							
	Temporarily restricted endowment								
Ŭ	The percentages in lines 2a, 2b, and 2c shou								
32	Are there endowment funds not in the posses	=	ation that are hold a	and administered for	tho organiz	ation			
Ja	•	ssion of the organiza	ation that are neid a	ind administered for	ine organiz	ation	Г	Yes	No
	by:						-	163	X
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or of	1 ' '		Accumulate	d	(d) Book	value	
		basis (investm	nent) basis	(other) de	epreciation				
1a	Land								
	Leasehold improvements	376,0			242,31			71,71	
	Equipment	450	323.		121,56	54.	50	75	<u>9</u> .
	Other								
	Add lines 1s through 1s (Column (d) must ex		V column (P) line 1	10(a) )			18/	Δ,	7.8

Schedule D (Form 990) 2013

	Investments - Other Securities.  Complete if the organization answered "Yes" 1	to Form 990, Part IV, li	ine 11b. See Form 990, Part X,	line 12.
	on of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
	Complete if the organization answered "Yes" to		ine 11d. See Form 990, Part X,	
	(a) L	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)	4= )		
	nn (b) must equal Form 990, Part X, col. (B) line	9 15.)		<b>&gt;</b>
	Other Liabilities.			
	Complete if the organization answered "Yes" to	to Form 990, Part IV, I		Part X, line 25.
1.	(a) Description of liability		(b) Book value	
	ral income taxes	TOT.	200 050	
	FERRED LEASEHOLD ALLOWAL	NCE	209,952.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			000 050	
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line	25.)	209,952.	

Schedule D (Form 990) 2013

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

Part XI Reconciliation of Revenue per Audited Financial State		Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line	•	
		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
<b>b</b> Donated services and use of facilities		1 1
c Recoveries of prior year grants		1 1
d Other (Describe in Part XIII.)		1 1
e Add lines <b>2a</b> through <b>2d</b>		2e
3 Subtract line 2e from line 1		3
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	
<b>b</b> Other (Describe in Part XIII.)		1 1
c Add lines <b>4a</b> and <b>4b</b>		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII Reconciliation of Expenses per Audited Financial Sta		
Complete if the organization answered "Yes" to Form 990, Part IV, line		
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		1 1
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
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	
<b>b</b> Other (Describe in Part XIII.)	- I	1 1
c Add lines <b>4a</b> and <b>4b</b>		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		4; Part X, line 2; Part XI,
PART V, LINE 4:		
EXPLANATION: THE CONTRIBUTIONS TO THE ENDO	OWMENT FUNDS ARE TO	BE HELD BY
GFC IN PERPETUITY		
PART X, LINE 2:		
EXPLANATION: GLOBAL FUND FOR CHILDREN IS	EXEMPT FROM FEDERAL	INCOME TAXES
UNDER SECTION 501(C)(3) OF THE INTERNAL R	EVENUE CODE (IRC).	THE INTERNAL
REVENUE SERVICE HAS CLASSIFIED GFC AS A PU	JBLICLY SUPPORTED F	OUNDATION
UNDER SECTION 509(A)(1) AND 170(B)(1)(A)(	VI) OF THE IRC. THE	GLOBAL FUND
FOR CHILDREN UK TRUST IS EXEMPT FROM TAX	IN THE UK UNDER SEC	TION 505 OF

332054

THE TAXES ACT OF 1988.

Part XIII Supplemental Information (continued)
GLOBAL FUND FOR CHILDREN HAS ADOPTED THE GUIDANCE IN THE INCOME TAX
STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX
POSITIONS. THE IMPLEMENTATION OF THIS GUIDANCE HAD NO IMPACT ON GLOBAL
FUND FOR CHILDREN'S FINANCIAL STATEMENTS. GLOBAL FUND FOR CHILDREN
BELIEVES IT HAS APPROPRIATE SUPPORT FOR UNRELATED TRADE OR BUSINESS
POSITIONS AND, AS A RESULT, DOES NOT HAVE UNCERTAIN INCOME TAX POSITIONS
THAT HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS. GLOBAL FUND FOR
CHILDREN FILES AS A TAX-EXEMPT ORGANIZATION. GLOBAL FUND FOR CHILDREN'S
2011, 2012 AND 2013 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS.

#### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

**Employer identification number** 

GLO	BAL FUND FOR					56-183488	
Pai	t I General Infor	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ	ization answered "Y	es" on
	Form 990, Part IV	/, line 14b.					
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance? X	Yes  No
•	F	other to Deat Vale					atal a dia a
2	United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
3		he following Part	t Lline 3 table ca	an be duplicated if additional space is i	needed )		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	(a) Hogion	offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program		gram service,	expenditures
		in the region	independent	services, investments, grants to		specific type	for and investments
			contractors in region	recipients located in the region)	of service	ce(s) in region	in region
							_
							<del>                                     </del>
3 a	Sub-total	0	0				0.
	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	0				0.
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.		Schedule F (	Form 990) 2013

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(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	PRIMARY GRANT	11,000.		0.		
		SOUTH ASIA	PRIMARY GRANT	18,000.		0.		
		EUROPE (INCLUDING						
		GREENLAND)	PRIMARY GRANT	16,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	PRIMARY GRANT	20,000.		0.		
		SOUTH ASIA	PRIMARY GRANT	12,000.		0.		
		SOUTH ASIA	PRIMARY GRANT	11,000.		0.		
		SOUTH AMERICA	PRIMARY GRANT	6,000.		0.		
		SOUTH AMERICA	PRIMARY GRANT	19,000.		0.		

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

3 Enter total number of other organizations or entities

. <u>0</u> . 248

Schedule F (Form 990) 2013

21,000

0

PRIMARY GRANT

MIDDLE EAST AND NORTH AFRICA

Schedule	F (Form 990)	GLUDA	L FUND FOR C	итприей		20-10	34007		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	o of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	PRIMARY GRANT	10,000.		0.		
			RUSSIA AND NEIGHBORING STATES	PRIMARY GRANT	8,000.		0.		
			EUROPE (INCLUDING						
			GREENLAND)	PRIMARY GRANT	12,000.		0.		
			EAST ASIA AND THE	PRIMARY GRANT	6,000.		0.		
			SOUTH ASIA	PRIMARY GRANT	20,000.		0.		
			EAST ASIA AND THE	PRIMARY GRANT	13,000.		0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	PRIMARY GRANT	8,000.		0.		
			SUB-SAHARAN	PRIMARY GRANT	6,000.		0.		
			SUB-SAHARAN	PRIMARY GRANT	20,000.		0.		

Scriedule	e F (Form 990)	GHODI	H FOND FOR C	1111111111		30 10	34007		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	ne of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE						
				PRIMARY GRANT	12,000.		0.		
			SOUTH ASIA	PRIMARY GRANT	10,000.		0.		
			RUSSIA AND						
			NEIGHBORING						
			STATES	PRIMARY GRANT	8,000.		0.		
			SOUTH AMERICA	PRIMARY GRANT	18,000.		0.		
			NORTH AMERICA	PRIMARY GRANT	8,000.		0.		
			SOUTH ASIA	PRIMARY GRANT	10,000.		0.		
			SUB-SAHARAN						
				PRIMARY GRANT	20,000.		0.		
			SUB-SAHARAN						
				PRIMARY GRANT	14,000.		0.		
			SOUTH AMERICA	PRIMARY GRANT	15,000.		0.		

Schedule F (Form 990)	GHODA	L FOND FOR C	IIIIDKUN		30-10	34007		Page 2	
Part II Continuation	tinuation 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)	(a) Pagion	(d) Purpose of grant	(e) Amount	(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							
			PRIMARY GRANT	7,000.		0.			
				,					
		SOUTH ASIA	PRIMARY GRANT	24,000.		0.			
				,					
		SOUTH AMERICA	PRIMARY GRANT	7,000.		0.			
				,					
		EUROPE (INCLUDING ICELAND &							
			PRIMARY GRANT	24,000.		0.			
				,					
		SOUTH ASIA	PRIMARY GRANT	7,000.		0.			
				,					
		SUB-SAHARAN							
		AFRICA	PRIMARY GRANT	9,000.		0.			
		RUSSIA AND NEIGHBORING							
			PRIMARY GRANT	19,000.		0.			
		EUROPE (INCLUDING ICELAND &							
			PRIMARY GRANT	12,000.		0.			
				,					
		SOUTH ASIA	PRIMARY GRANT	13,000.		0.			

Scriedule i (i oi i i 990)		E I OND I ON O			30 10			ray <del>e</del> z
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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)
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	PRIMARY GRANT	9,000.		0.		
		EAST ASIA AND THE						
		PACIFIC	PRIMARY GRANT	7,000.		0.		<del> </del>
		SOUTH AMERICA	PRIMARY GRANT	14,000.		0.		
		OTHER AND TO						
		CENTRAL AMERICA AND THE CARIBBEAN	DDIMADV CDANT	10,000.		0.		
		IND THE CHILDENIA	I KIIMKI GRIVI	10,000.		· ·		
		SOUTH AMERICA	PRIMARY GRANT	9,000.		0.		
		SOUTH AMERICA	PRIMARY GRANT	11,000.		0.		
				,				
		SUB-SAHARAN						
		AFRICA	PRIMARY GRANT	9,000.		0.		<del> </del>
		SUB-SAHARAN						
			PRIMARY GRANT	10,000.		0.		
		SUB-SAHARAN	DDTWARK GRAND	10.000		[		
		AFRICA	PRIMARY GRANT	18,000.		0.		

GLOBAL FUND FOR CHILDREN

Scriedule	e F (Form 990)	GHODA	D FOND FOR C	.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		<u> </u>	J <del>1</del> 0 0 7		Page 2
Part II	Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Nan	ne of organization	<b>(b)</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						
				PRIMARY GRANT	19,000.		0.		
					,				
			SOUTH ASIA	PRIMARY GRANT	22,000.		0.		
			SUB-SAHARAN						
				PRIMARY GRANT	10,000.		0.		
					,				
			GUD GAHADAN						
			SUB-SAHARAN AFRICA	PRIMARY GRANT	10,000.		0.		
			SUB-SAHARAN AFRICA	PRIMARY GRANT	10,000.		0.		
			III KI GII	TATION OF THE PARTY	10,000.				
			SUB-SAHARAN AFRICA	PRIMARY GRANT	15,000.		0.		
			AFRICA	PRIMARY GRANT	15,000.		0.		
			SUB-SAHARAN						
			AFRICA	PRIMARY GRANT	15,000.		0.		
			SOUTH ASIA	PRIMARY GRANT	25,000.		0.		_
			SUB-SAHARAN						
			AFRICA	PRIMARY GRANT	8,000.		0.		

GLOBAL FUND FOR CHILDREN

Schedule F (Form 990)	CHODI.	H FOND FOR C	TITEDICEIN		30-10	34007		Page 2
Part II Continuati	on of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Name of organizat	(b) IBS code section	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING						
		STATES	PRIMARY GRANT	6,000.		0.		
		SOUTH ASIA	PRIMARY GRANT	12,000.		0.		
		DOUTH ASIA	I KIFAKI GKANI	12,000.		0.		
		SUB-SAHARAN AFRICA	PRIMARY GRANT	9,000.		0.		
		SOUTH ASIA	PRIMARY GRANT	20,000.		0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	PRIMARY GRANT	11,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PRIMARY GRANT	32,000.		0.		
		MIDDLE EAST AND NORTH AFRICA	PRIMARY GRANT	9,000.		0.		
		RUSSIA AND NEIGHBORING STATES	PRIMARY GRANT	14,000.		0.		
		SUB-SAHARAN AFRICA	PRIMARY GRANT	12,000.		0.		

Page 2

12,000

0

PRIMARY GRANT

SOUTH ASIA

Page 2

7,000.

0

PRIMARY GRANT

AFRICA

7,000.

0

PRIMARY GRANT

SUB-SAHARAN AFRICA

Scriedule i (i oi i i 330)	02021	E I OND I ON O			30 10	<del></del>		Faye Z
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), 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)
		RUSSIA AND						
		NEIGHBORING						
		STATES	RISING STARS AWARD	20,000.		0.		
		CENTRAL AMERICA						
			RISING STARS AWARD	20,000.		0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA, BENIN, BOTSWANA,						
		BURKINA, FASO,	SUSTAINABILITY AWARD	35,000.		0.		
		politizari, ribo,	DODININI DI DI II II III II II II II II II II I	33,000.		<u> </u>		
		SOUTH ASIA	SUSTAINABILITY AWARD	35,000.		0.		
		SOUTH ASIA	RISING STARS AWARD	20,000.		0.		
		CENTRAL AMERICA	CIICMATNADTI TMV. AMADD	35 000		0		
		AND THE CARIBBEAN	SUSTAINABILITY AWARD	35,000.		0.		
		SUB-SAHARAN						
		AFRICA	SUSTAINABILITY AWARD	35,000.		0.		
		EAST ASIA AND THE		, .				
		PACIFIC -						
		AUSTRALIA,						
		BRUNEI, BURMA,	SUSTAINABILITY AWARD	30,000.		0.		
		SUB-SAHARAN	ORGANIZATIONAL					
		AFRICA	DEVELOPMENT AWARD	10,000.		0.		

Schedule F (Form	990) GHODI.	II FOND FOR C	HILDRUM	20-1034007 Pa					
Part II Contin	nuation of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)		
1 (a) Name of orga	(b) IBS code section	(a) Pagion	(d) Purpose of grant	(e) Amount	(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	PRIMARY GRANT	20,000.		0.			
		CENTRAL AMERICA AND THE CARIBBEAN	PRIMARY GRANT	6,000.		0.			
		SUB-SAHARAN AFRICA	PRIMARY GRANT	14,000.		0.			
		SUB-SAHARAN AFRICA	PRIMARY GRANT	10,000.		0.			
		RUSSIA AND NEIGHBORING STATES	PRIMARY GRANT	13,000.		0.			
		EAST ASIA AND THE	PRIMARY GRANT	7,000.		0.			
		SUB-SAHARAN AFRICA	PRIMARY GRANT	8,000.		0.			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PRIMARY GRANT	22,000.		0.			
		CENTRAL AMERICA AND THE CARIBBEAN	PRIMARY GRANT	20,000.		0.			

Part I   Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, Schedule F (Form 900), Part II, line 1)	Scriedule i (i oiiii 990)		E TONE TON C			30 10	<del></del>		Faye Z
(a) Name of organization and EN (if applicable) (c) Region (c) Purpose or grant of cash grant cash disbursement of cash grant and EN (if applicable) (c) Region (c) R	Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
CENTRAL AMERICA AND THE CARIBBEAN PRIMARY GRANT 21,000. 0.  EUROPE (INCLUDING ICELAND & SERENLAND) PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 15,000. 0.  SUB-SAHARAN ARRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 8,000. 0.  SUB-SAHARAN PRIMARY GRANT 10,000. 0.  SUB-SAHARAN PRIMARY GRANT 10,000. 0.			(c) Region				non-cash	of non-cash	valuation (book, FMV,
AND THE CARIBBEAN PRIMARY GRANT 21,000. 0.  EUROPE (INCLUDING ICELAND & GREENLAND) PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 15,000. 0.  SUB-SAHARAN ARRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 10,000. 0.  SUB-SAHARAN ARRICA PRIMARY GRANT 10,000. 0.  RUSSIA AND PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
AND THE CARIBBEAN PRIMARY GRANT 21,000. 0.  EUROPE (INCLUDING ICELAND & GREENLAND) PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 15,000. 0.  SUB-SAHARAN ARRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 10,000. 0.  SUB-SAHARAN ARRICA PRIMARY GRANT 10,000. 0.  RUSSIA AND PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
AND THE CARIBBEAN PRIMARY GRANT 21,000. 0.  EUROPE (INCLUDING ICELAND & GREENLAND) PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 15,000. 0.  SUB-SAHARAN ARRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 10,000. 0.  SUB-SAHARAN ARRICA PRIMARY GRANT 10,000. 0.  RUSSIA AND PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.			CENTRAL AMERICA						
ICELAND & SHERMLAND) PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 15,000. 0.  SUB-SAHARAN AFRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.				PRIMARY GRANT	21,000.		0.		
ICELAND & SHERMLAND) PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 15,000. 0.  SUB-SAHARAN AFRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
GREENLAND) PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 15,000. 0.  SUB-SAHARAN AFRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
EAST ASIA AND THE PACIFIC PRIMARY GRANT 15,000. 0.  SUB-SAHARAN AFRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
PACIFIC   PRIMARY GRANT   15,000.   0.			GREENLAND)	PRIMARY GRANT	10,000.		0.		
PACIFIC   PRIMARY GRANT   15,000.   0.									
PACIFIC   PRIMARY GRANT   15,000.   0.			FACT ACTA AND THE						
SUB-SAHARAN AFRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.				PRIMARY GRANT	15 000		0		
AFRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.					20,000.				
AFRICA PRIMARY GRANT 10,000. 0.  EAST ASIA AND THE PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
EAST ASIA AND THE PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.			SUB-SAHARAN						
PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.			AFRICA	PRIMARY GRANT	10,000.		0.		
PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.  SUB-SAHARAN									
PACIFIC PRIMARY GRANT 8,000. 0.  SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
SOUTH ASIA PRIMARY GRANT 10,000. 0.  RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.			PACIFIC	PRIMARY GRANT	8,000.		0.		
RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.									
RUSSIA AND NEIGHBORING STATES PRIMARY GRANT 7,000. 0.			SOUTH ASIA	PRIMARY GRANT	10,000.		0.		
NEIGHBORING STATES PRIMARY GRANT 7,000. 0.					,				
STATES PRIMARY GRANT 7,000. 0.			RUSSIA AND						
SUB-SAHARAN			NEIGHBORING						
			STATES	PRIMARY GRANT	7,000.		0.		
			GUD GAUADAN						
FINICA FATERAL GRAVI 9,000.				DRIMARY CRANT	9 000		ا م		
			AT A TOA	RIMANI GRANI	3,000.		0.		+
SUB-SAHARAN			SUB-SAHARAN						
AFRICA PRIMARY GRANT 14,000. 0.				PRIMARY GRANT	14,000.		0.		

Schedule F (Form 990)	GLOBAL FOND FOR CHILDREN 50-1054007							
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	DDIMADV CDANT	23,000.		0.		
		AND THE CARIBBEAN	FRIMARI GRANI	23,000.		0.		
		SOUTH AMERICA	PRIMARY GRANT	16,000.		0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN	PRIMARY GRANT	20,000.		0.		
		GOLIMIT ANDREGA	DDIWADY GDANM	14 000				
		SOUTH AMERICA	PRIMARY GRANT	14,000.		0.		+
		SUB-SAHARAN						
		AFRICA	PRIMARY GRANT	7,000.		0.		
		NORTH AMERICA	PRIMARY GRANT	12,000.		0.		
		MIDDLE EAST AND						
		NORTH AFRICA	PRIMARY GRANT	20,000.		0.		
		EAST ASIA AND THE						
		PACIFIC	PRIMARY GRANT	19,000.		0.		
		GOLIMIT AGEA	DDIMADY CDANIE	14 000				
		SOUTH ASIA	PRIMARY GRANT	14,000.		0.		

Schedule	e F (Form 990)	01001	H FOND FOR C	1111011111	50 1054007 Page 2				
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Nan	ne of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA AND THE CARIBBEAN	PRIMARY GRANT	16,000.		0.		
				THIRM SIUMI	10,000.		· .		
			CENTRAL AMERICA						
			AND THE CARIBBEAN	PRIMARY GRANT	10,000.		0.		_
			SUB-SAHARAN AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA, FASO,	PRIMARY GRANT	19,000.		0.		
			SUB-SAHARAN						
			AFRICA	PRIMARY GRANT	15,000.		0.		
			SUB-SAHARAN						
			AFRICA	PRIMARY GRANT	10,000.		0.		
			EUROPE (INCLUDING						
			ICELAND &						
			GREENLAND)	PRIMARY GRANT	7,000.		0.		
			L						
			RUSSIA AND NEIGHBORING						
				PRIMARY GRANT	8,000.		0.		
					,				
			GOLIMII AGTA	DDIMADY CDAY	12.000				
			SOUTH ASIA	PRIMARY GRANT	13,000.		0.		+
			SOUTH ASIA	PRIMARY GRANT	21,000.		0.		

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Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	ne of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	PRIMARY GRANT	7,000.		0.		
			SUB-SAHARAN	INIMANI GNANI	7,000.		· ·		<u> </u>
			AFRICA - ANGOLA,						
			BENIN, BOTSWANA,						
			BURKINA, FASO,	PRIMARY GRANT	13,000.		0.		
			EACH ACTA AND HUE						
			EAST ASIA AND THE PACIFIC	PRIMARY GRANT	18,000.		0.		
					20,000.		<u> </u>		
			EAST ASIA AND THE						
			PACIFIC	PRIMARY GRANT	16,000.		0.		
			CENTRAL AMERICA						
			AND THE CARIBBEAN	PRIMARY GRANT	17,000.		0.		
					, -				
			SUB-SAHARAN						
			AFRICA	PRIMARY GRANT	16,000.		0.		<u> </u>
			SOUTH ASIA	PRIMARY GRANT	11,000.		0.		
			CENTRAL AMERICA		,				
			AND THE CARIBBEAN						
			- ANTIGUA &						
			BARBUDA, ARUBA,	PRIMARY GRANT	20,000.		0.		<del> </del>
			SOUTH ASIA	PRIMARY GRANT	19,000.		0.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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)
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	PRIMARY GRANT	12,000.		0.		
		EUROPE (INCLUDING						
		GREENLAND)	PRIMARY GRANT	14,000.		0.		
		SUB-SAHARAN						
		AFRICA	PRIMARY GRANT	16,000.		0.		_
		SOUTH AMERICA	PRIMARY GRANT	10,000.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PRIMARY GRANT	10,000.		0.		
		RUSSIA AND NEIGHBORING STATES	PRIMARY GRANT	8,000.		0.		
		SOUTH ASIA	PRIMARY GRANT	12,000.		0.		
		EAST ASIA AND THE	PRIMARY GRANT	7,000.		0.		
		EAST ASIA AND THE	PRIMARY GRANT	26,000.		0.		

Scriedule	e F (Form 990)	GEODAL FOR CHIEDREN 50 1054007								
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)		
1 (a) Nan	ne of organization	<b>(b)</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	PRIMARY GRANT	7,000.		0.			
			EAST ASIA AND THE	PRIMARY GRANT	8,000.		0.			
			SOUTH AMERICA	PRIMARY GRANT	11,000.		0.			
				PRIMARY GRANT	23,000.		0.			
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	PRIMARY GRANT	17,000.		0.			
			SOUTH ASIA	PRIMARY GRANT	8,000.		0.			
			SOUTH ASIA	PRIMARY GRANT	9,000.		0.			
			SOUTH ASIA	PRIMARY GRANT	7,000.		0.			
			EAST ASIA AND THE							
			PACIFIC	PRIMARY GRANT	12,000.		0.			

Schedule F (Form 990)	GHODAH FOND FON CHIHDNEN 50-1034007							
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IBS code section	(a) Ragion	(d) Purpose of grant	(e) Amount	(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	PRIMARY GRANT	13,000.		0.		
		SOUTH ASIA	PRIMARY GRANT	17,000.		0.		_
		MIDDLE EAST AND						
		NORTH AFRICA	PRIMARY GRANT	22,000.		0.		<del> </del>
		SUB-SAHARAN AFRICA	PRIMARY GRANT	25,000.		0.		
		SUB-SAHARAN						
		AFRICA	PRIMARY GRANT	11,000.		0.		
		RUSSIA AND NEIGHBORING STATES	PRIMARY GRANT	12,000.		0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	PRIMARY GRANT	14,000.		0.		
		EAST ASIA AND THE	PRIMARY GRANT	12,000.		0.		
		RUSSIA AND NEIGHBORING STATES	PRIMARY GRANT	11,000.		0.		

Part II Continuation	nuation 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	(a) Degion	(d) Purpose of grant	(e) Amount	(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)
		RUSSIA AND NEIGHBORING STATES	PRIMARY GRANT	10,000.		0.		
		RUSSIA AND NEIGHBORING STATES	PRIMARY GRANT	6,000.		0.		
		SOUTH ASIA	PRIMARY GRANT	16,000.		0.		
			ORGANIZATIONAL DEVELOPMENT AWARD	10,000.		0.		
		SOUTH ASIA	ORGANIZATIONAL DEVELOPMENT AWARD	7,000.		0.		
			ORGANIZATIONAL DEVELOPMENT AWARD	10,000.		0.		

Part III	Part III can be duplicated if a			ates. Complete i	tine organization answered "Yes"	on Form 990, Pan	TIV, line To.	
(a) ¹	Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

### Part IV | Foreign Forms

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

Schedule F (Form 990) 2013

#### Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
EXPLANATION: GLOBAL FUND FOR CHILDREN MONITORS THE USE OF GRANT FUNDS
OUTSIDE OF THE US BY REQUIRING GRANTEES TO SUBMIT INTERIM AND FINAL
NARRATIVE AND FINANCIAL REPORTS TO OUR PROGRAM OFFICERS WHO MONITOR THEIR
GRANTEES. ADDITIONALLY GFC COMPILES AND INPUTS DATA INTO OUR GRANTS
MANAGEMENT AND METRICS SYSTEM. PROGRAM OFFICERS ALSO PERFORM SITE VISITS
TYPICALLY ON A BIANNUAL BASIS. THE GRANTS MANAGER ENSURES GRANT
COMPLIANCE AND COMPLIANCE WITH US TREASURY VOLUNTARY GUIDELINES FOR ORDER
13224.

### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization  GLOBAL FUND FOR CHILDREN							Employer identification number			
	56-1834									
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	es" to	Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not			
<ul> <li>1 Indicate whether the organization rais a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicitating Solicitating Solicitating Solicitating Solicitating Solicitating Special Specia	tion of tion of fundra (includerofess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (or retaine fundraise	Amount paid or retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No							
Total     List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	l s or has been notified	d it is	exempt from re	egistration			

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

Schedule G (Form 990 or 990-EZ) 2013

56-1834887 Page 2 Schedule G (Form 990 or 990-EZ) 2013 GLOBAL FUND FOR CHILDREN Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through  ${ t GALA}$ col. (c)) (total number) (event type) (event type) Revenue 601,750. 601,750. Gross receipts 25,500 25,500. 2 Less: Contributions 576,250 576,250. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 30,600. 30,600. Rent/facility costs 50,970. 50,970. Food and beverages 4,500 4,500. Entertainment 70,613. 70,613. Other direct expenses 156,683. 10 Direct expense summary. Add lines 4 through 9 in column (d) 419,567. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct | Rent/facility costs Other direct expenses Yes Yes No 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d)

9	Enter the state(s) in which the organization operates gaming activities:		
а	a Is the organization licensed to operate gaming activities in each of these states?	Yes	No
b	o If "No," explain:		
0a	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	Yes	No
b	o If "Yes," explain:		

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990 EZ) 2013 GLOBAL FUND FOR CHILDREN 50	0-T83	<u>488/</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	13a		%
	o An outside facility			<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		<u> </u>	
••	Enter the manie and address of the person who propares the organization's garning special events books and resortes.			
	Name ▶			
	Name ►			
	Address >			
	Address -			
150	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
IJa	boes the organization have a contract with a tillid party from whom the organization receives gaming revenue?		103	140
<b>L</b>	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
L				
	of gaming revenue retained by the third party > \$			
С	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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
h	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
~	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III lines (	9h 1	0h 15h
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions		, 55, 1	55, 155,
_	130, 10, and 17b, as applicable. Also complete this part to provide any additional information (see instruction	3).		
_				
		<del></del>		

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule I (Form 990) (2013)

GLOBAL FU	IND FOR CH	HILDREN					56-18348	387
Part I General Information on Grants a	and Assistance							
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec		
criteria used to award the grants or assi	stance?						X Yes	No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the United	d States.				
Part II Grants and Other Assistance to	Governments an	d Organizations in th	ne United States. C	complete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any	
recipient that received more than	\$5,000. Part II cai	n be duplicated if addi	tional space is need	ded.	(C) NA 11 1 C			
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	
HOPE HOUSE								
PO BOX 60682								
WASHINGTON, DC 20039	31-1594625	501(C)3	24,000.	0.			PRIMARY GRANT	
INTERSTAGES, INC. 7720 ALASKA AVENUE NW WASHINGTON, DC 20012	76-0787343	501(C)3	11,000.	0.			PRIMARY GRANT	
LA PLAZITA INSTITUTE 831 ISLETA BLVD SW ALBUQUERQUE, NM 87105	26-2486467	501(C)3	25,000.	0.			PRIMATY GRANT	
MAKING A NEW UNITED PEOPLE 406 CHAPLIN ST. SE WASHINGTON, DC 20019	80-0426767	501(C)3	10,000.	0.			PRIMARY GRANT	
ONE COMMON UNITY 1525 NEWTON STREET, NW WASHINGTON, DC 20010	52-2270569	501(C)3	10,000.	0.			PRIMARY GRANT	
PROJECT CREATE 2401 VIRGINIA AVENUE NW WASHINGTON, DC 20037	42-1559894	501(C)3	12,000.	0.			PRIMARY GRANT	
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				<b>&gt;</b>	10.
3 Enter total number of other organization	s listed in the line	1 table					<b>&gt;</b>	0.

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	( <b>b)</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
HODE HOUSE							
HOPE HOUSE 1309 ELSON CT							
TAKOMA PARK, MD 20912	31-1594625	501(C)3	50,000.	0.			SUSTAINABILITY AWARD
COURTNEY'S HOUSE							
1600 LEVIS ST. NE							
WASHINGTON, DC 20002	26-3883832	501(C)3	16,000.	0.			PRIMARY GRANT
HOMELESS CHILDREN'S PLAYTIME							
PROJECT - 1525 NEWTON STREET, NW -							
WASHINGTON, DC 20010	20-3380456	501(C)3	20,000.	0.			PRIMARY GRANT
·			,				
A BAN AGAINST NEGLECT							
321 WEST ROSEMARY STREET							
CHAPEL HILL, NC 27516	27-2701612	501(C)3	16,000.	0.			PRIMARY GRANT
	<u> </u>						Calaadula I (Farma 000)

Part III Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	ited States. Com	plete if the organiza	ation answered "Yes'	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: GLOBAL FUND FOR CHILD	REN MONI	TORING PRO	CEDURES FO	R US GRANTEES	
INVOLVES SITE VISITS BY THE PROGRA	M OFFICE	R ASSIGNED	TO US GRA	NTMAKING. WE	
ALSO COLLECT A MIDTERM AND A FINAL	REPORT 1	FROM THE G	RANTEES, W	HICH INCLUDE	
ORGANIZATIONAL METRICS, NARRATIVE	DESCRIPT:	IONS OF HO	W THE MONE	Y WAS SPENT	
AND FINANCIAL REPORTS.					

# SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

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

Attach to Form 990. ► See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

GLOBAL FUND FOR CHILDREN

Employer identification number 56-1834887

			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant    X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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:			77
	The organization?	5a		$\frac{x}{x}$
b	Any related organization?	5b		A
	If "Yes" to line 5a or 5b, describe in Part III.			
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:			v
	The organization?	6a		<u> </u>
b	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		X
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Λ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9	I	

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

Schedule J (Form 990) 2013

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and other deferred benefits			(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in prior Form 990
(1) VICTORIA DUNNING	(i)	160,280.	15,000.	0.	9,593.	8,460.	193,333.	0.
VP PROGRAMS	(ii)	0.	0.	0.	0.	0.		0.
(2) JIM KLEIN	(i)	121,000.	15,000.	0.	4,880.	17,902.		
VP OF FINANCE & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOCELYN HARMON	(i)	147,100.	5,000.	0.	4,917.	12,857.		
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KRISTIN LINDSEY-UNTIL 6/30/13	(i)	189,630.	0.	0.	5,493.	5,592.		
FORMER CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
EXPLANATION: KRISTIN LINDSEY LAST DAY OF EMPLOYMENT WAS JUNE 30, 2013.
FINAL COMPENSATION WAS PAID OUT ON JULY 15, 2013.

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

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

GLOBAL FUND FOR CHILDREN

Employer identification number 56-1834887

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

EXPLANATION: A COPY OF THE RETURN IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING.

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

EXPLANATION: ALL NEW BOARD MEMBERS AND EMPLOYEES ARE GIVEN THE

ORGANIZATION'S CONFLICT OF INTEREST DISCLOSURE POLICY AND ARE REQUIRED TO

SIGN THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. IF A CONFLICT ARISES,

THE CEO IS ENGAGED TO DETERMINE IF THERE IS A CONFLICT OF INTEREST. IF IT

IS DETERMINED THAT THERE IS A CONFLICT OF INTEREST, THE CEO WILL PRESENT

THE MATTER TO THE CHAIR OF THE BOARD OF DIRECTORS FOR A FINAL

DETERMINATION. THE CONFLICTED PARTY IS EXPECTED TO BE INVOLVED IN THE

DISCUSSION.

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

EXPLANATION: THE GLOBAL FUND FOR CHILDREN HAS A SUBSET OF THE BOARD THAT
REVIEWS THE SALARY OF THE CEO ON AN ANNUAL BASIS. FACTORS THAT INFLUENCE
THEIR DECISION INCLUDE: 1) COMPARISON TO PEER ORGANIZATIONS, 2) THE
ORGANIZATION'S OVERALL PERFORMANCE DURING THE PRECEDING FISCAL YEAR, AND 3)
ANY ADDITIONAL RELEVANT ITEMS. THE FINANCE AND AUDIT COMMITTEE OF THE
BOARD REVIEWS AND AUTHORIZES PROPOSED COMPENSATION INCREASES FOR
OFFICERS(VP'S) OF GLOBAL FUND FOR CHILDREN.

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

EXPLANATION: FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S

WEBSITE

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

Schedule O (Form 990 or 990-EZ) (2013)

GLOBAL FUND FOR CHILDREN	56-1834887
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSET RECLASSIFICATION	-4,976.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR	YEAR.

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

**Employer identification number** 

GLOBAL FUND FO	R CHILDREN					<u>56-18348</u>	387	
Part I Identification of Disregarded Entities Complete	e if the organization answered "Yes'	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	I	(e) End-of-year assets		(f) S Direct controllin entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ttions Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one	or more	related tax-exer	mpt	
(a)  Name, address, and EIN  of related organization			(d) Exempt Code section	(e) Public charity Status (if section		(f) ct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))			Yes	No
THE GLOBAL FUND FOR CHILDREN UK TRUST C/O MOUNT KELLETT CAPITAL, BERGER HOUSE 36-38 BERKELEY SQUARE, LONDON, UNITED KINGDOM	TO IMPROVE THE LIVES OF VULNERABLE CHILDREN AND YOUTH IN OUR WORLD	UNITED KINGDOM			N/A			x

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	l .	ortionate tions?	Code V-UBI amount in box 20 of Schedule	manag partn	Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	lo
	1										
	1										
										H	
										$\vdash$	
	1										
Identification of Bolated Or							I		<u> </u>		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ection 2(b)(13) ntrolled entity?	
		country)						Yes	No	
									<u> </u>	
									<u> </u>	
									<u> </u>	
									<u> </u>	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	I in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		-		1a		Х		
b	b Gift, grant, or capital contribution to related organization(s)								
С	Gift, grant, or capital contribution from related organization(s)				1c		Х		
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)						Х		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k Lease of facilities, equipment, or other assets from related organization(s)									
-1	l Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
	Reimbursement paid by related organization(s) for expenses					X			
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)					X			
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount	involved				
		type (a-s)							
	THE GLOBAL FUND FOR CHILDREN UK TRUST C/O								
1) l	MOUNT KELLETT CAPITAL	S	971,357.	BOOK VALUE					
2)									
3)									
4)									
5)									
6)									

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e)	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	(k) l or Percentage ownership
	1										